

Public Notice of Title VI Program Rights

Quality Life Concepts gives public notice of its policy to uphold and assure full compliance with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities. Title VI and related nondiscrimination authorities stipulate that no person in the United States of America shall, on the ground of race, color, national origin, sex, age, disability, income level or limited English proficiency be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Any person who desires more information regarding MDT's Title VI Program can contact Melanie Lauer at the address noted below.

Any person who believes they have, individually or as a member of any specific class of persons, been subjected to discrimination on the basis of race, color, national origin, sex, age, disability, income level or limited

English proficiency has the right to file a formal complaint. Any such complaint must be in writing and submitted within 180 days following the date of the alleged occurrence to:

Melanie Lauer, Chief Human Resource Officer
c/o Quality Life Concepts
215 Smelter Ave NE, STE 1
Great Falls, MT 59404
(406) 452-9531, ext. 227
Melanie.Lauer@QLC-GTF.org

A complainant may file a complaint directly with the Federal Transit Administration at the following address:

Office of Civil Rights
Federal Transit Administration
Attention: Title VI Program Coordinator
East Building, 5th Floor – TCR
1200 New Jersey Ave SE
Washington, DC 20590

If information is needed in another language, please contact MDT's Office of Civil Rights at 406-444-6334.

Montana Department of Transportation
Discrimination Complaint Form

Instructions:

You are not required to use this form to file a complaint. In your complaint, please provide in detail how you believe you were discriminated against. Include all relevant names and dates. Attach any supporting documentation to your complaint. A representative from MDT Civil Rights will contact you within seven (7) business days of receipt of the complaint.



Submit complaint to:

Montana Department of Transportation
Office of Civil Rights
2701 Prospect Avenue
PO Box 201001
Helena, MT 59620-1001
Email: mdtcrform@mt.gov
Voice: (406) 444-6334
TTY: (800) 335-7592
Fax: (406) 444-7243

Nondiscrimination & Accessibility

ADA & Title VI

For more information on ADA, Title VI, or nondiscrimination at MDT, visit our website:

mdt.mt.gov/business/contracting/civil/eeo.aspx

Montana Department of Transportation (MDT) is committed to conducting all of its business in an environment free of discrimination, harassment, and retaliation. In accordance with state and federal laws, MDT prohibits discrimination against its employees, job applicants, or anyone with whom MDT chooses to do business based on a person's protected class(es).

Anyone needing an alternative format of this document should contact MDT's ADA Coordinator at mmaze@mt.gov 406-444-5416 or Montana Relay Service at 711.

This document is printed at state expense. Information on the cost of producing this publication may be obtained by contacting the Department of Administration.

Basis of Complaint: (Mark all that apply)

- Checkboxes for Race, Age, Creed, Genetic Information, Color, Sex, Military Service, Ancestry, National Origin, Pregnancy, Veteran Status, Religion, Disability, Social Origin or Condition, Vaccination Status, Political Ideas, Marital Status.

Complaint: (Mark all that apply)

- Checkboxes for Harassment, Discrimination, Retaliation.

Name, phone number and/or email address of the individual(s) you are filing a complaint against:

Complaint Details

Name, phone number and/or email address of the witness(es):

I am filing a complaint on behalf of:

- Checkboxes for Myself, Someone else. Specify who:

Description of why you are filing your complaint: (attach additional pages if needed)

Large empty box for description of complaint.

Contact Information

Please provide your contact information so we may reach you during our investigation.

Name: Phone Number:

Address: Email:

Preferred method of contact:

Signature: Date:

- Checkboxes for Phone, Email.