



**NORTH CENTRAL MONTANA TRANSIT  
TITLE VI-ADA-STATE PROTECTED RIGHTS**

**COMPLAINT FORM**

North Central Montana Transit is committed to ensuring that no person is excluded from participation in, or denied the benefits of, or be subjected to discrimination in the receipt of its services or programs on the basis of race, color, national origin or any other characteristics protected by law, including the Title VI of the Civil Rights Act of 1964, as amended. Further, under the Americans with Disabilities Act (ADA) of 1990, no entity shall discriminate against an individual with a physical or mental disability in connection with the provision of transportation service. The above Federal listed protections are further expanded, by the state of Montana, to include religion, marital status and political ideas or beliefs. If you feel you have been discriminated against, by the Northern Central Montana Transit, fill out the form below and return it to the contact and address listed below. You may file a written complaint no later than 180 calendar days after the date of the alleged discrimination. Should you need assistance in filling out the complaint form, phone 406-945-1258 or 406-256-4762.

**Section I: Complainant Information**

Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Section II: This complaint involves**

**Indicate the protected status you believe was basis for discrimination**

Race     Color     National Origin     Marital Status     Sex     Age  
 Low Income Status     Political Ideas or Beliefs     Creed     Religion  
 Disability- Mental or Physical

Explain why you believe discrimination has occurred. Please provide dates, location and time of discrimination. If there are any witnesses, please provide names, addresses, phone numbers. Indicate the person (s) you believe responsible for the discrimination and what remedy you are requesting. Use the area provided below to explain your complaint. You may also use the back of this page and/ or attach additional pages if necessary.

**Section III: Complaint Narrative:**

**Complaint narrative Continued:**

**Section III: Have you filed this complaint with any other Federal, State or local agency or with any Federal, State or local court?**

**\_\_\_\_\_ YES \_\_\_\_\_ NO If you have, please list name of agency and date filed.**

\_\_\_\_\_

**SIGNATURE AND DATE ARE REQUIRED**

**Signature: \_\_\_\_\_ Date \_\_\_\_\_**

**Please mail or personally deliver this completed complaint form to:**

**Tom Lowe Director of Transit**

**North Central Montana Transit**

**3152 US-2 Havre, Montana 59501**

**Po Box 80 Havre, Montana 59501**

**If you have any questions regarding this complaint form or require it in a different format, such as large print, call the person listed above at 945-1258**

## **North Central Montana Transit Title VI/ADA Complaint Procedures**

- 1. Any person believing they have been subjected to discrimination in the course of doing business with North Central Montana Transit may file a complaint, following the outline of the North Central Montana Transit complaint form.**
- 2. Within ten business days of receiving the complaint, North Central Montana Transit's Director shall contact the complainant, if any further information is necessary to conduct an investigation.**
- 3. Within twenty days of receiving the complaint, North Central Montana Transit's assigned investigator will produce a written report of the investigation including: and narrative description of the incident, identification of persons interviewed , findings and recommendations for disposition and deliver it to North Central Montana Transit's Director.**
- 4. Within thirty day of receiving the complaint, the Director of Transit will contact the complainant and inform them of the findings of the investigation.**

Complaints will be advised of their appeal rights to the appropriate federal agency, should they not agree with the findings of the district.

Contact information for the North Central Montana Transit regarding Civil Rights is as follows:

Tom Lowe, Director of Transit  
3152 US-2 Havre Montana 59501  
406-945-1258  
406-265-4762