



(The purpose of this procedure is to resolve issues at the lowest possible level. The failure of a complainant to report the alleged incident within 10 days in no way precludes filing with other agencies within specified times, normally 180 days.)

EMPLOYEE DISCRIMINATION COMPLAINT PROCEDURE

It is the policy of Montana Civil Contractors Inc. to provide a complete and impartial system of investigation and corrective action concerning any and all alleged discrimination complaints against employees or applicants of this company. The following procedure will be made available to and discussed with all employees:

- STEP 1:** Any employee or applicant of Montana Civil Contractors Inc. who feels he/she has been discriminated against may file an **EMPLOYEE DISCRIMINATION CLAIM FORM**, which may be obtained from the Project Supervisor. This report should be completed and filed within ten days of the alleged incident with the Company EEO Officer. The Company EEO Officer's name and address is posted on the project site bulletin board and home office bulletin board.
- STEP 2:** For federal-aid highway projects, a copy of the completed Employee Discrimination Claim Form for each complaint will be forwarded to the Montana Department of Transportation's Civil Rights Bureau, within seven days.
- STEP 3:** Within seven days of the receipt of the complaint, the Company EEO Officer will meet with the affected persons in order to try and resolve the complaint. A conciliation conference will be held. Attendees at this conference should include, at a minimum, the complainant, the person against whom the complaint is filed and the Company EEO Officer.
- STEP 4:** If the complaint is resolved at the conciliation conference, a "Statement of Resolution" will be prepared and signed by the Company EEO Officer, the complainant and the person(s) against whom the complaint was filed. The "Statement of Resolution" will be specific in detailing any mutual agreement made by the respective parties involved.
- STEP 5:** For federal-aid highway projects, the Company EEO Officer will prepare a "Report of Investigation" at the conciliation conference which will be specific in detailing each step of his/her investigation. This report must include, but not be limited to: (a) a listing of all persons interviewed and results of those reviews; (b) minutes and results of the conciliation conference; (c) if appropriate, the signed Statement of Resolution. This Report of Investigation will be forwarded to the Montana Department of Transportation's Civil Rights Bureau, within 15 days from the date of the conciliation conference.



Notice should be given to other contracting agencies as appropriate.

For federal-aid highway projects, if the complaint cannot be resolved at the contractor level, the complainant or respondent (contractor) may request that the Civil Rights Bureau investigate the complaint. The Civil Rights Bureau will conduct its investigation and make recommendations to both parties within 30 days after being asked to do so.

The complainant will be advised of his/her other avenues of complaint or appeal which are:

- **Montana Human Rights Bureau**
P.O. Box 1728
Helena, MT 59624-1728
(800) 542-0807, (406) 444-2884
- **U. S. Equal Employment Opportunity Commission (EEOC)**
Seattle Field Office-Federal Office Building
909 First Avenue, Suite 400
Seattle, WA 98104-1061
1-800-669-4000; FAX: 206-220-6911; TTY: 1-800-669-6820
- **State or Federal Courts**

Complaints must be filed with the preceding agencies within 180 days.

Should the complaint not be on a Federal-aid highway project, the company EEO Officer shall inform the complainant of other proper avenues of appeal.

A handwritten signature in blue ink, appearing to read 'Jennifer Koch', is written over a horizontal line.

Jennifer Koch – Office Manager

1-8-2016
Current Date



EMPLOYEE DISCRIMINATION CLAIM FORM

Name: _____

Address: _____

(Street)

(City)

(State & Zip)

(Telephone)

.....
The person/employer whom I believe has discriminated against me is:

Name: _____

Address: _____

(Street)

(City)

(State & Zip)

(Telephone)

.....
Dates, location and/or project number of construction site where I believe the discrimination took place:

.....
Cause of Discrimination:

- Age
- Sex
- Race, National Origin or Color
- Disability
- Marital Status
- Creed or Religion

.....
Use the back of this form to briefly write the details of what happened. Be specific regarding names and dates.

(Signature)

(Date)