Montana MDT Department of Transportation

MDT-CIV-020 01/2026

Montana Department of Transportation
DBE/SBE Program
Complaint Form

Company or individual making this complaint or challenge:

Name _____ Date of complaint _____

Address _____ City _____ State _____ Zip _____

Business Phone Number _____ Email _____

Named business or individual(s) (Please supply as much detail as you can):

Name _____ Date of alleged incident _____

Company _____ Business Phone Number _____

Email _____ Project/Location _____

Nature of complaint (Please give specific times, dates, names, and locations):

Please sign and return form to:

Mail: Montana Department of Transportation
Civil Rights Bureau Attn: DBE/SBE Program
PO Box 201001
Helena, MT 59620

Email: mdtdbeprogram@mt.gov

_____ _____

Date Signature