



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
ADA DISCRIMINATION COMPLAINT FORM**

**Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Person discriminated against (if other than the complainant) (including department/division if applicable):** \_\_\_\_\_  
\_\_\_\_\_

**Division/Individual which you believe has discriminated:** \_\_\_\_\_  
\_\_\_\_\_

**Nature of discrimination:** \_\_\_\_\_

**When did the discrimination occur? Date:** \_\_\_\_\_

Detailed description of the discriminatory practice or action which occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
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