CHARGE OF DISCRIMINATION

CHARGE NUMBER 0180498

FILED BEFORE: MONTANA DEPARTMENT OF LABOR & INDUSTRY, HUMAN RIGHTS BUREAU

CHARGING PARTY'S NAME & ADDRESS	TELEPHONE
May Simmons AO # 3005543 Montana Women's Prison 701 S. 27th Street Billings, MT 59101	406-247-5122

RESPONDENT'S NAME & ADDRESS	TELEPHONE
MT Department of Corrections MT Women's Prison 701 S. 27th Street Billings, MT 59101	406-247-5122

BASIS OF DISCRIMINATION	DATE OF DISCRIMINATION
Sex Religious Belief Disability	Earliest: June 2018 Latest: July 2018

PARTICULARS OF THE CHARGE

I believe I have been discriminated against in the area of governmental services because of my sex (female), religious belief, and disability in violation of the Montana Human Rights Act (MHRA) and the Montana Governmental Code of Fair Practices (GCFP), for the following reasons:

A. I am currently in the care and custody of Respondent.

B. I believe Respondent provides male inmates with opportunities to learn trade skills that are not provided to female inmates. These opportunities include ranch work, auto repair, and veterinary assistant training.

C. I am a Jehovah's Witness. In June 2018, I requested that Respondent provide me with a Jehovah's Witness bible, but Respondent refused to do so. Respondent does not allow Jehovah's Witnesses to hold services on ~~Sundays.~~ [illegible].

D. I experience a disabling condition that causes me to easily fall, and prevents me from ambulating effectively. In July 2018, I requested a handicap-accessible shower for these reasons; however, Respondent has failed to provide me with a reasonable accommodation. and several others.

E. I believe Respondent discriminated against me on the basis of my sex by failing to provide the same trade skill opportunities it provides to male inmates. I believe Respondent discriminated against me on the basis of my religious belief by failing to provide me with a bible and access to religious services. I believe Respondent discriminated against me on the basis of my disability by failing to provide a reasonable accommodation.

VERIFICATION

- I hereby file this charge with the above-cited agency.
- I agree to inform the agency if I change my address or telephone number and I agree to cooperate fully in the processing of my charge in accordance with its procedures.
- I swear or affirm that I have read the above charge and I declare under penalty of perjury that the foregoing is true and correct.

Signature: [signature] Date: 8/16/18