

# DEPARTMENT OF MOTOR VEHICLES

## Title VI Discrimination Complaint Form

**Complainant's Name**

### Street Address

**City/State/Zip Code**

**Telephone number where you can be reached:**

Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

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

Please check any applicable box(es) below.

I believe that I have been discriminated against on the basis of my:

[ ] Race [ ] Color [ ] National Origin

**\*FMCSA program only:**  Sex  Age  Disability  Income-level  Limited English Proficiency

Please describe as clearly as possible your complaint and why you believe you were discriminated against. Please include how other persons were treated differently from you. Also include name(s) of individuals who allegedly discriminated against you, location, date(s) and time(s) of the incident and name(s) of witness(es), if any.

Briefly explain how you would like this matter to be resolved.

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\*Federal Motor Carrier Safety Administration

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I certify that to the best of my knowledge, the information provided herein is true and accurate.

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***Signature of Complainant***

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***Date***

*You may use additional paper if necessary. Please attach any written materials or other information that you think is relevant to your complaint.*

Please submit this form by mail to:

Department of Motor Vehicles  
Legal Services Division  
60 State Street – Room 170  
Wethersfield, CT 06161