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.

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

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

*Federal Motor Carrier Safety Administration
Title VI Discrimination Complaint Form
Continued . . . .

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

_________________________          __________________________
Signature of Complainant            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
Office of Diversity, Equity and Inclusion
60 State Street – Room 236
Wethersfield, CT 06161

5/2022