

**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. _____

***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