DEPARTMENT OF MOTOR VEHICLES
Office of Diversity, Equity, and Inclusion (DEI) Complaint Form

DIVISION/BRANCH:_____
(ENTER DMV DIVISION/BRANCH NAME)

Name:

Position Title:

Telephone# where you can be reached at:
Work: ( )_____ **Home: ( )**_____

Immediate Supervisor:

Please check any applicable boxes below.
I believe I have been discriminated against on the basis of my:

- ☐ *Race
- ☐ Color
- ☐ Sex (including pregnancy)
- ☐ Age
- ☐ Marital Status
- ☐ National Origin
- ☐ Sexual Orientation
- ☐ Ancestry
- ☐ Physical Disability (including but not limited to blindness)
- ☐ Learning Disability
- ☐ Present or Past History of Mental Disability
- ☐ Genetic Information
- ☐ Intellectual Disability
- ☐ Religious creed
- ☐ Gender Identity (or expression)
- ☐ Past or present criminal record (in state employment & licensing)
- ☐ Workplace hazards to reproductive systems

*Race, inclusive of hair texture and protective hairstyles.

Please describe your complaint(s). Include name(s), date(s), place(s), time(s) of incident(s) and name(s) of the accused and witness(es), if any.

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Continued...

Name(s) of the Accused:

Name(s) of Witness(es), if any:

Remedy Requested:

Please note that you have the right to file a complaint with the Commission on Human Rights and Opportunities (CHRO), and the U.S. Equal Employment Opportunity Commission (EEOC), and with any other state, federal or local agency that enforces laws against discriminatory or illegal employment service.

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

Signature of Complainant **Date**

Name of Investigator **Date Complaint Received**