

DEPARTMENT OF MOTOR VEHICLES
Division of Equity, Inclusion & Compliance (DEIC) 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:

<input type="checkbox"/> *Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex (including pregnancy)	<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status
<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Present or Past History of Mental Disability	(including but not limited to blindness)		
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Religious creed		
<input type="checkbox"/> Gender Identity (or expression)	<input type="checkbox"/> Past or present criminal record (in state employment & licensing)	<input type="checkbox"/> 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 EEO Investigator

Date Complaint Received