

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
Legal Services Division
60 State Street – Room 170
Wethersfield, CT 06161