

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 ☐ Sex ☐ Age ☐ Disability

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. _____

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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