

Signature of Complainant

STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES



02/07/2024-AB

60 State Street, Wethersfield, CT 06161 Legal Services Division (860) 263-5264

DMV.CustomerAccommodations@ct.gov

CUSTOMER ACCOMMODATIONS COMPLAINT FORM

As a place of public accommodation, the Department of Motor Vehicles (DMV), does not tolerate discrimination or harassment by anyone, against anyone, on the basis of a person's protected class. Further, the DMV's lack of tolerance for discriminatory conduct is not limited to employees but includes customers and vendors, whether working in or outside of the workplace or at DMV- sponsored social events. The DMV takes its position very seriously, and as a result, has created a Customer Accommodations Unit to address customers' concerns with respect to incidents involving alleged discrimination and/or harassment.

If you believe that you have been harassed or discriminated against in violation of our anti-harassment and discrimination

policy, please complete the complaint form below and submit it to DMV.CustomerAccommodations@ct.gov Name of Complainant: Date: ______Telephone Number: _____ Email Address: DMV Location Where Incident Occurred: Date and Time of Incident(s): Nature of Complaint: (_____) Discrimination (_____) Harassment; (_____) Retaliation; (_____) Other DESCRIPTION OF COMPLAINT - STATE FACTS AND NAMES OF PARTIES INVOLVED: (Please attach an additional sheet, if necessary.) Was this complaint filed with any other enforcement agency? If so, please provide the agency name and the date on which the complaint was filed: Under section 14-110 and 53a-157b of the Connecticut General Statutes, and under penalties of false statement(s), I hereby declare that all statements made herein are true and accurate to the best of my knowledge.

Date