



TITLE VI COMPLAINT ALLEGATION

Purpose: The Department of Motor Vehicles (DMV) rejects discrimination in all of its programs and activities. Title VI of the 1964 Civil Rights Act and related non-discrimination authorities prohibit discrimination on the basis of race, color, national origin, sex, disability, age, low income, or limited English proficiency. Use this form to record any allegation or allegations of discrimination. The information you provide allows us to process your complaint.

Instructions: Complete the form and submit it to: Virginia DMV Title VI Program Coordinator, 2300 West Broad Street, Richmond, Virginia 23269.

You may attach any written materials or other information that you think is relevant to your complaint. Contact the DMV Title VI Program Coordinator if you need assistance in completing this form. The DMV phone number is (804) 497-7100. For deaf and hard of hearing customers, connect with the teletypewriter device (TTY) at 1-800-272-9268.

CONTACT INFORMATION

INDIVIDUAL COMPLETING FORM

FULL NAME (first last mi)(print)		STREET ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER(s)

PERSON(S) DISCRIMINATED AGAINST,(if other than person completing form)(use separate sheet if necessary)

FULL NAME (first last mi)(print)		STREET ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER(s)

PLEASE EXPLAIN YOUR RELATIONSHIP TO THIS PERSON(S)

COMPLAINT INFORMATION

What date did the alleged discrimination take place? (mm/dd/yyyy)

Do you believe you were discriminated against because of your: (check all that apply)

- Race/Color
 National Origin
 Sex
 Age
 Disability
 Low Income
 Limited English Proficiency
 Other (explain below)

IF YOU CHECKED OTHER ABOVE, PLEASE EXPLAIN

DESCRIBE WHAT HAPPENED AND WHO YOU BELIEVE WAS RESPONSIBLE (please use separate sheet(s) if needed)

COMPLAINT INFORMATION (continued)

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? YES NO

If you answered YES, please provide the following information:

DATE COMPLAINT WAS FILED (mm/dd/yyyy)

WHO DID YOU FILE THIS COMPLAINT WITH?

Please provide information about a contact person at the agency where the complaint was filed:

CONTACT PERSON FULL NAME (first last mi)

STREET ADDRESS

CITY

STATE

ZIP CODE

CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate.

INDIVIDUAL COMPLETING FORM SIGNATURE

DATE (mm/dd/yyyy)