NEW YORK STATE | **Department of Motor Vehicles**

6 EMPIRE STATE PLAZA ● ROOM 528A ● ALBANY, NY 12228

Title VI Complaint Form

Title VI of the Civil Rights Act and related Nondiscrimination authorities require that, "*No Person in the United States shall, on the basis of race, color, national origin, sex, age, disability, low income, and limited English proficiency (LEP), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any licensing program or activity receiving federal financial assistance*."
If you feel you have been discriminated against in licensing services provided by the New York State Department of Motor Vehicles, please provide the following information to assist in processing your complaint.

PLEASE PRINT CLEARLY

Name: _____

Home Address: _____

City: _____   State: _____   Zip Code: _____

Daytime Phone: _____   Mobile Phone: _____

Email Address: _____

INDIVIDUAL EXPERIENCING DISCRIMINATION:

Home Address: _____

City: _____   State: _____   Zip Code: _____

Daytime Phone: _____   Mobile Phone: _____

Email Address: _____

DETAILS OF CLAIM

1. Your claim of discrimination is based on: (*Please check all that apply*)

   ☐ Race   ☐ Color   ☐ National Origin

   ☐ Sex   ☐ Age   ☐ Disability

   ☐ Low Income   ☐ Limited English Proficiency

2. Date(s) of when alleged discrimination occurred: _____

3. Location where alleged discrimination took place:

   _____

4. Please briefly describe the circumstances of the alleged discrimination:

   _____

   _____

   _____

   _____

5. Witness name(s) and telephone number(s):

   _____   _____

   _____   _____

   _____   _____

Please attach any additional sheets of paper or documents which support your claims.

6. A) Have you filed a claim regarding this complaint with any federal, state or local government agency? ☐ Yes ☐ No

   B) Have you instituted a legal suit or court action regarding this complaint? . . . . ☐ Yes ☐ No

   C) Have you hired an attorney with respect to the allegations in the complaint? . . . . ☐ Yes ☐ No

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I STATE THAT THE INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

X_____   _____

       Signature of Individual Filing Report   Date