



## **DIVERSITY & INCLUSION**

6 EMPIRE STATE PLAZA • ROOM 520 • 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)*

- |                                 |  |  |
|---------------------------------|--|--|
| <input type="checkbox"/> Race   | <input type="checkbox"/> Color                       | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sex    | <input type="checkbox"/> Age                         | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Income | <input type="checkbox"/> 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

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