

**Title VI Complaint of Discrimination**

**Section 1**

Name:

|                 |            |               |          |          |
|-----------------|------------|---------------|----------|----------|
| Address         | City       | State         | Zip Code | P.O. Box |
| Home/Cell Phone | Work Phone | Email Address |          |          |

Accessible Form Requirements:    Large Print    TDD    Audio Tape    Other

**Section 2**

Are you filing this complaint for another individual?    Yes, for someone else    No, for myself (skip to section 3)

Please provide the name of the person this form is being filed for, and your relationship

Please explain why you have filed for a third party

Please confirm that you have the permission of the aggrieved party if you are filing on behalf of a third party.    Yes    No

**Section 3**

I believe the discrimination I experienced was based on (check all that apply):

          Race            Color            National Origin            Sex            Age            Disability            Low Income

Date of the Alleged Discrimination (Month ,Day, Year)

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information for any witnesses. If more space is needed, please use the back of this form or additional sheets of paper.

**Section 4**

Have you previously filed a Title VI Complaint with MVA regarding this incident?      Yes      No

If "YES" Please Explain:

Have you filed this complaint with any other Federal, State, or local agency?      Yes      No (skip to section 5)

Agency

Contact Name

Address

Phone Number

**Section 5**

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Name (Printed)

Date

You may attach any written materials or other information that you think is relevant to your complaint. Please submit this form in person or by mail to the address below:

Maryland Motor Vehicle Administration  
Title VI Program Manager  
Office of Civil Rights and Fair Practices  
6601 Ritchie Highway, N.E., Room 227  
Glen Burnie, Maryland 21062