

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

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