



Georgia Department of Driver Services

Title VI Program Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No Person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complainant's Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: (home/mobile) _____ (business) _____

Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City, State and Zip Code: _____

Which of the following best describes the reason you believe the discrimination took place?

Race/Color: _____

National Origin: _____

Sex: _____

Age: _____

Disability: _____

Limited English Proficiency (LEP)

Income Status

What date did the alleged discrimination take place? _____

