

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 Nan	ne:	
Address:		
City, State a	nd Zip Code:	
Telephone N	Number: (home/mobile)	(business)
Person discriminate	ed against (if someone other than	the complainant):
Name:		
Race/Co National Sex:	lor:	a believe the discrimination took place?
= -		
=	English Proficiency (LEP)	
What date did the a	lleged discrimination take place?	

In your own words, describe the alleged discrimination. Explain what happelieve was responsible. Please use the back of this form if additional space	•
Have you filed this complaint with any other federal, state, or local agency or state court? Yes No	y; or with any federal
If yes, check all that apply:	
☐ Federal Agency ☐ Federal Court ☐ Local Agency ☐ State Agency ☐ State Court ☐ Other	
Please provide information for a contact person at the agency/court when filed.	re the complaint was
Name:	
Address:	
City, State and Zip Code:	
Telephone Number:	
Please sign below. You may attach any written materials or other informarelevant to your complaint.	tion that you think is
Complainant's Signature	Date

Complete and return this form to the Legal Affairs Division, Title VI Program Coordinator, Georgia Department of Driver Services, P.O. Box 80447, Conyers, GA 30013. Complaints may also be sent to titlevicoordinator@dds.ga.gov.