

Title VI Complaint Form

INSTRUCTIONS TO COMPLAINANT: If you believe that you or someone you know have been discriminated against by the Florida Department of Highway Safety and Motor Vehicles in the provision of services on the basis of race, color, national origin, sex, age, disability, income-level, or limited English proficiency, please complete and submit this form by email or mail to:

By email: TitleVIcoordinator@flhsmv.gov

By mail: Title VI Coordinator
Florida Department of Highway Safety & Motor Vehicles
Bureau of Personnel Services
2900 Apalachee Parkway, Room A420, MS 30
Tallahassee, Florida 32399

Complainant's Information

1. Name of Complainant: (first, middle, last) _____
2. Complainant's address: (number and street, state, city, and zip code) _____
3. Complainant's phone number: _____ Email: _____
4. Name of person/office you believe discriminated against you: _____
5. Location of alleged incident: (number and street, state, city, and zip code) _____
6. Person/office phone number: _____
7. Date and time alleged incident occurred: (month, day, year) _____
8. The basis of the complaint (race, color, national origin, sex, age, disability, income-level, or limited English proficiency): _____
9. Written explanation of the alleged discriminatory act (Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act, the date when you became aware of the alleged discrimination, or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.) Use additional pages, if necessary, and attach to this document. _____

Signature of Complainant/Representative

Date

(Note: We cannot accept your complaint without a signature)