

## 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](mailto:TitleVIcoordinator@flhsmv.gov)

By mail: Kimberly Sisko Ward, 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)**