STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

TITLE VI DISCRIMINATION COMPLAINT
CONFIDENTIAL

Not everyone is eligible to file a Title VI discrimination complaint with the DMV. Only members of the public (customers), independent contractors, or vendors who feel that they have suffered alleged harm at the DMV due to being excluded from the participation in, denied benefits of, or otherwise subjected to discrimination under any DMV program or activity. These individuals are eligible to file a discrimination complaint with the DMV under Title VI of the Civil Rights Act of 1964 and related Nondiscrimination authorities.

You must print and mail or email the completed form (with an original signature) to:

DMV - Equal Employment Opportunity Office
2415 First Avenue, MS F115
Sacramento, CA 95818
Attn: Title VI Coordinator
Email: exeeeomailbox@dmv.ca.gov

You may print the form or request a hard copy of the discrimination complaint form from the local DMV Office Manager. You may also contact the DMV Equal Employment Opportunity (EEO) Office at (916) 657-7487 or TTY (916) 657-5981, and a hard copy will be mailed or emailed to you. You may give your signed complaint form to the Local DMV Office Manager or you may send the form to the above address.

Print Clear Form

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**** The boxes marked with an asterisk must be completed before the complaint form can be submitted.***

SECTION 1 — COMPLAINANT INFORMATION*

COMPLAINANT NAME (*PLEASE PRINT LAST, FIRST)**

HOME ADDRESS*	CITY*	STATE*	ZIP CODE*	TELEPHONE NUMBER*
				( )

PLEASE SELECT THE BOX THAT BEST DESCRIBES YOU*

☐ Member of public
☐ Vendor
☐ Independent Contractor

ETHNIC CATEGORY (*PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR RACE/ETHNICITY)**

☐ **AMERICAN INDIAN OR ALASKA NATIVE**—Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ **ASIAN**—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.

☐ **BLACK**—Persons having origins in any of the black racial groups of Africa.

☐ **FILIPINO**—Persons having origins in any of the original peoples of the Philippine Islands.

☐ **HISPANIC**—Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **PACIFIC ISLANDERS**—Persons having origins in the Pacific Islands, such as Samoa.

☐ **WHITE**—Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **OTHER** (*Specify*)

SECTION 2 — DISCRIMINATION CATEGORY*

Please check the applicable protected basis/characteristic categories listed below.*

In accordance with State and Federal laws, the DMV Title VI policy prohibits unlawful discrimination in provision of services based on:

☐ **RACE**: Belonging to one of the accepted anthropological racial groups: American Indian or Alaska Native, Asian, Black, Filipino, Hispanic, Pacific Islander, White, or other

☐ **INCOME LEVEL**

☐ **COLOR**: Color of skin, including shade of skin within a racial group

☐ **SEX**

☐ **NATIONAL ORIGIN** (*including language restrictions*): National or cultural origin of a line or descent

☐ **LIMITED ENGLISH PROFICIENCY**

☐ **DISABILITY** (*including HIV and AIDS*): Physical or mental disability

☐ **AGE**

SECTION 3 — ALLEGED HARM*

CHECK THE ALLEGED HARM OR TYPE OF ACTION TAKEN AGAINST YOU:*

☐ Denial of benefits

☐ Denial of services

☐ Other/Please explain below:

SECTION 4 — DATE OF INCIDENT*

WHAT IS THE MOST RECENT DATE THAT THE ALLEGED HARM OCCURRED.*

If the offense occurred over one year ago, the Department may be unable to provide a remedy.

SECTION 5 — EXPLANATION OF COMPLAINT

Why do you believe the unfair treatment was due to the category(ies) you selected in Section 2? (For example, if others were treated differently give names and examples.)*

SECTION 6 — WITNESSES

List the names and telephone numbers (if possible) of witnesses or others that you feel have direct knowledge of the alleged discrimination. Explain what you think each witness will be able to tell us.

SECTION 7 — OFFENDER INFORMATION*

Please list the person(s) responsible for the harm you feel you suffered. If you have more than 2 people, list the Name, Classification, Unit/Field Office, and telephone number in Section 6.

NAME*	CLASSIFICATION*	UNIT/FIELD OFFICE*	TELEPHONE NUMBER*
			( )
NAME	CLASSIFICATION	UNIT/FIELD OFFICE	TELEPHONE NUMBER
			( )

SECTION 8 — REMEDIATION/CERTIFICATION*

Specify the remedy that you would like the Department to consider.*

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT*	DATE*
X	

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