

TITLE VI PROGRAM COMPLAINT FORM
RHODE ISLAND DIVISION OF MOTOR VEHICLES

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." 42 U.S.C. § 2000d et seq. Related Nondiscrimination authorities have identified sex, age, disability, income-status, and limited English proficiency as additional grounds that cannot form the basis of exclusion, denial, or discrimination. If you feel you have been discriminated against in services provided by the Rhode Island Division of Motor Vehicles, please provide the following information to assist in processing your complaint.

PLEASE PRINT CLEARLY

SECTION 1: PLEASE PROVIDE THE BELOW INFORMATION WITH RESPECT TO THE PERSON COMPLETING THIS FORM

Name

Address

City

State

Zip Code

Email Address

Telephone#:

Relationship to Person Discriminated Against: _____

SECTION 2: PLEASE PROVIDE THE BELOW INFORMATION WITH RESPECT TO THE PERSON DISCRIMINATED AGAINST

Name of Person Discriminated Against: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____ Telephone #: _____

Gender: Male Female Date of Birth: _____

Ethnicity: African American Asian
 Caucasian Hispanic
 Native American Pacific Islander
 Other (Please specify) _____

Are you disabled? Yes No

Is your annual income below \$17,820? Yes No

Is English your primary language? ___ Yes ___ No

Do you have a limited ability to read, write, speak, or understand English? ___ Yes ___ No

Please indicate on what basis you believe discrimination occurred:

- Race or Color
- National Origin
- Sex
- Age
- Disability
- Income
- Limited English Proficiency

Date of alleged discrimination: _____

Where alleged discrimination occurred: _____

Please describe the circumstances of the alleged discrimination:

Please list all witness names and telephone numbers:

What type of corrective action are you requesting?

Please attach any documents you have to support the allegation. Sign and date this form and mail to:
Rhode Island Division of Motor Vehicles
ATTN: Administration Office, 3rd Floor
600 New London Avenue
Cranston, RI 02920

Signature

Date