



American Association of Motor Vehicle Administrators

Title VI Program Complaint Form

AAMVA is committed to ensuring that no person is excluded from participating in or denied the benefits of its services on the basis of race, color, sex, age, national origin, income status, limited English proficiency (LEP) or disability, as provided by Title VI of the Civil Rights Act of 1964 and related non-discrimination authorities. Title VI Program complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this *form*, please contact the Title VI Program Coordinator.

The signed and completed form must be sent to AAMVA either via email at asimmons@aamva.org or by mail to American Association of Motor Vehicle Administrators, 4401 Wilson Blvd, Suite 700, Arlington, VA 22203.

Complainant's Name:

Address:

Telephone Number:

Email Address:

Person discriminated against (if someone other than the complainant):

Name:

Address:



Which of the following best describes why the alleged discrimination took place?

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

What date did the alleged discrimination take place?

In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

Have you filed this complaint with any other federal, state, territory or local agency, or with any federal or state court? Yes ____ No ____

If yes, please provide information about a contact person at the agency/court where the complaint was filed.

Please sign below. You may attach any written materials or other information relevant to your complaint.

Complainant's Signature

Date