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