

# MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY



## DRIVER SERVICES BUREAU TITLE VI COMPLAINT FORM 1900 East Woodrow Wilson Jackson, MS 39216



<b>Name:</b>		<b>Address:</b>			
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Driver License Number</b>			<b>Address:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>		<b>Please Indicate Why You Believe You Were Discriminated Occurred :</b>		
<b>Work Phone:</b>	<b>SSN:</b>				
<b>DOB: / /</b>	<b>Race:</b>	<b>Sex:</b>			
<b>Personal Discriminated Against:</b>			<b>Address of Person Discriminated Against:</b>		
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	<b>What date was the date of the alleged discrimination?</b>	
<b>Where did the alleged discrimination take place?</b>					
<b>Please list any and all witnesses:</b>			<b>Please describe the circumstances as you saw it.</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>			
<b>Name</b>	<b>Address</b>	<b>Phone</b>			
<b>Name</b>	<b>Address</b>	<b>Phone</b>			
<b>What type of corrective actions would you like to see taken?</b>					
<b>Please attach any documents you have which support the allegation.</b>					
_____			_____		
<b>Print Name</b>		<b>Date</b>	<b>Signature</b>		<b>Date</b>