MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
DRIVER SERVICE BUREAU

TITLE VI COMPLAINT FORM

1900 East Woodrow Wilson
Jackson, MS 39216
www.driverservicebureau.dps.ms.gov

Name:		**Address:**	
City:	**State:**	**Zip:**	
Driver License Number		**Address:**	
Home Phone:	**Cell Phone:**	**Please Indicate Why You Believe You Were Discriminated Against:**	
Work Phone:	**SSN:**	____Race ____Color ____National Origin	
DOB: / /	**Race:** **Sex:**	____Sex ____ Age ____Income Level	
		____ Disability ____Limited English Proficiency	
City:	**State:**	**Zip:**	**What date was the date of the alleged discrimination?**
Where did the alleged discrimination take place?			
Please list any and all witnesses:		**Please describe the circumstances as you saw it.**	
Name **Phone**			
Name **Phone**		**What type of corrective actions would you like to see taken?**	
Name **Phone**			
Please attach any documents you have which support the allegation.			
_____		_____	
Print Name **Date**		**Signature** **Date**	
Complainant will be notified in writting within 10 working days of the complaint being received.		**OFFICE USE ONLY** **Date Notified:**	