MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
DRIVER SERVICE BUREAU

TITLE VI COMPLAINT FORM

P.O. Box 1459
Canton, MS 39046
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:** ____Race ____Color ____National Origin ____Sex ____ Age ____Income Level ____ Disability ____Limited English Proficiency	
Work Phone:	**SSN:**			
DOB: / /	**Race:**	**Sex:**		
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:**	