

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: ___ 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	Address	Phone	
Name	Address	Phone	
Name		Address	
Name		Phone	
What type of corrective actions would you like to see taken?			
Please attach any documents you have which support the allegation.			
_____		_____	
Print Name	Date	Signature	Date
Complainant will be notified in written within 10 working days of the complaint being received.		OFFICE USE ONLY	
		Date Notified:	