

**Mississippi Department of Public Safety
Title VI Complaint Form**

SECTION I:		
Name:	Address:	
City:	State:	Zip:
Home Number:	Cell Number:	
Email Address:		
SECTION II:		
Indicate the discrimination you believe you experienced: (circle all that apply)		
Race	Color	National Origin
Disability	Religion	Medical Condition
		Sex
		Age
		Limited English Proficiency
Date of alleged discrimination:	Location of alleged discrimination:	
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) you believe discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach any additional pages to this form.</p>		

SECTION IV:	
Have you previously filed a Title VI complaint with the MS Department of Public Safety?	
YES	NO
SECTION V:	
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court?	
YES*	NO
If yes, list all that apply:	
Please provide information about any contact person at the agency/court where complaint was filed:	
Name:	Title:
Agency:	Phone number:

Please attach any documents you may have which support the allegation.

Signature and date below.

Signature

Date

A signed, written complaint should be filed **within 180 days of the date of the alleged discrimination.**

Please submit this form by mail to:

MS Department of Public Safety

Attention: Suzanne Ferriss

PO Box 958

Jackson, MS 39205

Or email to:

sferriss@dps.ms.gov

A complainant may file a complaint directly with the US Department of Justice by contacting the USDOJ, Civil Rights Division, Attention: Federal Coordination and Compliance Section-NWB, 950 Pennsylvania Avenue, NW, Washington, DC 20530.