TITLE VI COMPLAINT FORM
Nebraska Department of Motor Vehicles

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the basis of race, color, national origin, sex, age, disability, low income and limited English proficiency (LEP), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against in services provided by the Nebraska Department of Motor Vehicles, please provide the following information to assist in processing your complaint

PLEASE PRINT CLEARLY:

Name

Address

City State Zip Code

Email Address Telephone #:

Person discriminated against: ____________________________________________

Address of person discriminated against: __________________________________

City, State, Zip Code: _________________________________________

Please indicate on what basis you believe discrimination occurred:

___ Race or Color
___ National Origin
___ Sex
___ Age
___ Disability
___ Income
___ LEP

Date of alleged discrimination: _________________________________________

Where did alleged discrimination occur: ___________________________________
Please describe the circumstances of alleged discrimination:

List of witnesses’ name and telephone number:

Why type of correction action are you requesting?

Please attach any documents you have to support the allegation. Sign and date this form and send to:

Department of Motor Vehicles
ATTN: Human Resources
301 Centennial Mall South
Lincoln, NE 68509

______________________________  ______________________________
Signature                        Date