

**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

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Signature

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Date