

## **TITLE VI NON-DISCRIMINATION COMPLAINT FORM**

It is the policy of the New Jersey Motor Vehicle Commission ("NJMVC") to abide by Title VI of the Civil Rights Act of 1964 and related non-discrimination authorities, which provides in part that: *No person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving Federal financial assistance.* Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within the 180 days period, you have 60 days after you became aware of the discrimination to file your complaint.

This form may be used to file a complaint with the NJMVC for alleged violations of Title VI of the Civil Rights Act of 1964. If you need assistance completing this form due to a physical impairment or other reason, please contact us by phone at (609) 777-3831 or email at [MVCTitleVI@mvc.nj.gov](mailto:MVCTitleVI@mvc.nj.gov).

**Only the Complainant or the Complainant's designated representative should complete both pages (sides) of this form.**

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Complainant's Name: \_\_\_\_\_ Gender (male/female/nonbinary): \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Name of NJMVC Agency or Department that allegedly discriminated:**

Agency or Department Name: \_\_\_\_\_

Name of Individual(s) (if known): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date alleged discrimination occurred: \_\_\_\_\_

Name(s) and description of Witnesses: \_\_\_\_\_

Describe the alleged discrimination with details and description of individuals involved. Please provide documentation, if any. **(Use additional sheets if necessary):**

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Have you filed this Complaint with another Federal, State, or local agency or with a Federal or State Court? Yes ☐ No ☐

If yes, when and who did you file the Complaint with: \_\_\_\_\_

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**Basis of Discrimination:**

☐ Race      ☐ Color      ☐ Age      ☐ National Origin      Sex      Disability

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NOTE: The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken an action or participated in an action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

Title VI Program Coordinator  
New Jersey Motor Vehicle Commission  
225 East State Street, P.O. Box 684, Trenton, NJ 08666  
Phone: 609-777-3831  
[MVCTitleVI@mvc.nj.gov](mailto:MVCTitleVI@mvc.nj.gov)

**NEW JERSEY MOTOR VEHICLE COMMISSION  
OFFICE OF TITLE VI**

**Title VI Complaint Process**

The New Jersey Motor Vehicle Commission (NJMVC) will investigate written complaints that have been filed by any person or class of persons who believe they have been subjected to discrimination or retaliation based on race, color, national origin, sex, age, or disability.

To file a complaint, an individual or their representative should:

1. Complete and sign both sides of this complaint form. Include the Complainant's name, address, email and telephone number.
2. Initiate the filing no more than 180 days after the date of the alleged act of discrimination; the date when the individual(s) became aware of the alleged discrimination; or where there has been a continuing course of conduct, the date that the conduct was discontinued or the latest instance of the conduct.

These procedures do not preclude any agency from attempting to resolve issues and complaints that are non-written.

The Title VI Program Coordinator will acknowledge in writing the receipt of every complaint filed. If the complaint is rejected, the Title VI Program Coordinator will inform the Complainant in writing.

With the Complainant's consent, and in the best interest of all parties involved in the complaint, attempts may be made to resolve the matter informally.

If the complaint has merit, the Title VI Program Coordinator will supervise a thorough investigation and submit a written report of findings to NJMVC's Chair and Chief Administrator or Designee for a final determination.

After a final decision is rendered, the NJMVC will issue the Complainant a letter of findings for the investigation, which will include the proposed disposition of the matter. The proposed remedy will include the actions necessary to correct and prevent future occurrences.

**Title VI Complaint Consent/Release**

**Please read the information below and sign the form.**

As a Complainant, I understand that in the course of an investigation it may become necessary for the NJMVC to reveal my identity to persons at the organization or agency under investigation. I am also aware of the obligations of the NJMVC to honor requests under the State's Open Public Records Act. I understand that it may be necessary for the NJMVC to disclose information, including personal identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a Complainant I am protected by federal regulations from intimidation or retaliation for having taken an action or participated in an action to secure rights that I have under nondiscrimination laws and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please return this complaint form to:**  
Title VI Program Coordinator  
New Jersey Motor Vehicle Commission  
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Phone: (609) 777-3831  
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