



# EXTERNAL COMPLAINT OF DISCRIMINATION

State Form 56528 (R2 / 7-24)  
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is 49 CFR Parts 21,27,28, and 303; and 28 CFR Part 35.

**Title VI Program and ADA Coordinator**  
**INDIANA BUREAU OF MOTOR VEHICLES**  
**LEGAL DEPARTMENT**  
100 N Senate Ave. Room N404  
Indianapolis, IN 46204  
E-mail address: [BMVLegal@BMV.in.gov](mailto:BMVLegal@BMV.in.gov)

## INSTRUCTIONS:

Anyone who believes that they have been excluded from participation in, denied the benefits of, or otherwise been subjected to discrimination by the Indiana Bureau of Motor Vehicles (BMV) because of their race, color, national origin, sex, age, disability, Limited English Proficiency (LEP), or income status may file a complaint. The purpose of this form is to help any person interested in filing a discrimination complaint; however, you are not required to use this form. You may write a letter with the same information, sign it, and return it to the address printed above.

Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations (Title VI), prohibit discrimination on the basis of race, color and national origin in connection with programs or activities receiving federal financial assistance. The BMV's non-discrimination policy also prohibits discrimination based on age, sex, and income status. The BMV is also required to implement measures to ensure that LEP persons and persons with disabilities have meaningful access to the services, benefits, and information about all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended. Upon request, assistance will be provided if you are an LEP individual or have a disability.

All items in bold must be completed in order for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to the BMV. Additionally, you have a right to seek private counsel.

The BMV is prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

**\*\*Your complaint cannot be processed without your signature.**

COMPLAINANT INFORMATION		
Name (first, middle, and last)		
Address (number and street, city, state and ZIP code)		
Home telephone number	Work telephone number	Cellular telephone number
E-mail address		

Name of complainant	Date (mm/dd/yyyy)
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**When was the alleged discriminatory act? (month, day, year) (List additional dates if reporting more than one incident.)**

**Where did the alleged discrimination occur? (number and street, city, state and ZIP code)**

**Please identify the BMV program or activity that you were attempting to access or use when the alleged discrimination occurred.**

**Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.**

**The alleged discrimination was based on:**  
 Race       Color       Sex       National Origin  
 Age       Disability       LEP       Income Status       Retaliation

**Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)**

Name of complainant	Date (mm/dd/yyyy)
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**Provide the names of any individuals with additional information regarding your complaint:**

Name of witness 1 (first, middle, and last)	Title
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Name of company
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Address (number and street, city, state and ZIP code)
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Home telephone number	Work telephone number	Cellular telephone number
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.
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Name of witness 2 (first, middle, and last)	Title
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Name of company
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Address (number and street, city, state and ZIP code)
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Home telephone number	Work telephone number	Cellular telephone number
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.
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Name of witness 3 (first, middle, and last)	Title
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Name of company
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Address (number and street, city, state and ZIP code)
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Home telephone number	Work telephone number	Cellular telephone number
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.
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How would you like your complaint to be resolved?
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Name of complainant	Date (mm/dd/yyyy)
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Have you filed a complaint alleging the same discrimination with another federal, state, or local agency or with a court? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, please provide the following information for each agency:*

Name of the agency or court	Date complaint filed (mm/dd/yyyy)
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Case number assigned to your complaint	Current status of your complaint
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Name of the agency or court	Date complaint filed (mm/dd/yyyy)
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Case number assigned to your complaint	Current status of your complaint
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Name of the agency or court	Date complaint filed (mm/dd/yyyy)
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Case number assigned to your complaint	Current status of your complaint
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How did you learn about your right to file a discrimination complaint with the BMV?

<b>Signature</b>	<b>Date signed (mm/dd/yyyy)</b>
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