**TITLE VI AND ADA COMPLAINT FORM**

Wisconsin Department of Transportation

DT2507 8/2019

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| **YOUR INFORMATION** |
| Name      | (Area Code) Telephone Number      |
| Street Address or P.O. Box      | Email Address      |
| City      | State   | ZIP Code      | Date of Alleged Incident      |
| Which of the following describes the nature of the discrimination involved? |
| [ ]  Race [ ]  Color [ ]  National Origin [ ]  Sex [ ]  Age [ ]  Disability [ ]  Retaliation |
| Please explain in detail what happened, who was involved, and how you or other persons were discriminated against. Please attach any written materials or documentation pertaining to your complaint. |
|       |
| What remedy do you seek for this complaint to be resolved to your satisfaction? |
|       |
|  |
| **X**       |  |       |
| (Signature – Electronic – Brush Script font) |  | (Date – m/d/yyyy) |
| **Please mail, fax or email this form to:** |
|  |
| Taqwanya Smith, Senior Title VI and ADA CoordinatorOffice of Business Opportunity and Equity Compliance4822 Madison Yards Way, 5th Floor SouthMadison, WI 53705Telephone: (608) 266-8129TTY: (800) 947-3529Fax: (608) 267-3641Email: taqwanya.smith@dot.wi.govWebsite: <http://wisconsindot.gov/Pages/doing-bus/civil-rights/titlevi-ada/default.aspx> |