**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 Coordinator Office of Business Opportunity and Equity Compliance 4822 Madison Yards Way, 5th Floor South Madison, WI 53705  Telephone: (608) 266-8129  TTY: (800) 947-3529  Fax: (608) 267-3641  Email: [taqwanya.smith@dot.wi.gov](mailto:taqwanya.smith@dot.wi.gov?subject=DT2507)  Website: <http://wisconsindot.gov/Pages/doing-bus/civil-rights/titlevi-ada/default.aspx> | | | | | |