



TITLE VI AND ADA COMPLAINT FORM

Wisconsin Department of Transportation
DT2507 04/2025

COMPLAINANT INFORMATION

Name		(Area Code) Telephone Number	
Street Address or P.O. Box	City	State	ZIP Code
Email Address			

REPRESENTATIVE INFORMATION (If the person filing the complaint is not the same as the complainant)

Name of Representative		Relationship to Complainant		(Area Code) Telephone Number	
Street Address or P.O. Box	City	State	ZIP Code		
Email Address					

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, where it happened, who was involved, and how you or other persons were discriminated against, along with any description of the barrier or inaccessible location you encountered, if applicable. 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 – We cannot accept your complaint without a signature, please sign or type your first and last name)

(Date – mm/dd/yyyy)

Please electronically submit, 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

Website <http://wisconsindot.gov/Pages/doing-bus/civil-rights/titlevi-ada/default.aspx>