



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>