



TITLE VI COMPLAINT FORM

Wisconsin Department of Transportation
DT2507 12/2011

Your Information:

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

Which of the following describes the nature of the discrimination involved?

- Race/Color
 National Origin
 Sex
 Age
 Disability

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 Date

Please mail, email or fax this form to:

Demetri Fisher	Wisconsin Department of Transportation
Title VI Program Officer	Office of Business Outreach and Equity Compliance
demetri.fisher@dot.wi.gov	4802 Sheboygan Avenue, Room 451
Telephone: (608) 266-8129	P.O. Box 7965
Fax: (608) 267-3641	Madison, WI 53707-7965