



# 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  
 Title VI Program Officer  
[demetri.fisher@dot.wi.gov](mailto:demetri.fisher@dot.wi.gov)  
 Telephone: (608) 266-8129  
 Fax: (608) 267-3641

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