

**FOR OFFICE USE ONLY**

<i>Date Received:</i>	<i>Complaint No:</i>

**Department of Civil Rights - Disability Rights & Services Program**



City-County Building  
 210 Martin Luther King, Jr. Blvd., Room 523  
 Madison, Wisconsin 53703-3346  
 (608) 267-8635  
 FAX (608) 266-6514  
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 Mayor

Lucía Nuñez  
 Director

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**DISABILITY RIGHTS & SERVICES  
 COMPLAINT REGISTER**

**Please type or write in black ink.**

Your Full name (last, first, middle initial)	Home Telephone Number	Work Telephone Number
Your Street Address	Your City, State, Zip Code	
Name of City Agency, Other Business, Organization or Service Provider you are filing this complaint against (if more than one use reverse side):		Telephone Number
Street Address of City Agency, Other Business, Organization or Service Provider		
City, State, Zip Code of City Agency, Other Business, Organization or Service Provider		

**COMPLAINT BASIS:** *(Check all boxes that apply)*

- Physical Accessibility/Accommodation for a Disability (PA)
- Programmatic Accessibility/Modification for a Disability (Pro)

**COMPLAINT ISSUE(S):** *(Check all boxes that apply)*

- Policy, Program or Service Modification Refusal
  - Program Access Refusal
  - Retaliation (Ret)
- Other (O) \_\_\_\_\_

Please name the department, the person or people against whom you are lodging this complaint:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Please name any witnesses:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Describe your concern. Please include dates, times, places, names of individuals involved for each incident reported. (Attach additional pages if necessary.)

COMPLAINANT SIGNATURE:	DATE:
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<b><i>Person Who Will Always Know Where You Live And Who Does Not Reside With You:</i></b>	Name	<b>S T A T I S T I C A L</b>	You Are:	Your Date of Birth:	
	Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
	City, State, Zip Code		Race: (Please check all boxes that apply.) <input type="checkbox"/> African-American or Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Multiple-Race/Ethnicity (check boxes) <input type="checkbox"/> Other (specify) _____		
	Telephone Number				