

Complaint and Comment Form

The Greater Madison MPO Vision is “a sustainable, equitable regional transportation system that connects people, places, and opportunities to achieve an exceptional quality of life for all,” and we want your feedback. Please use this form for suggestions, compliments, and complaints. Completed forms may be submitted to any of the following:

- Alexandra Andros, Title VI Coordinator, at (608) 266-9115, (for hearing impaired, please use [Wisconsin Relay 711](#), email mpo@cityofmadison.com, or visit our office at 100 State Street, Ste. 400, Madison, WI 53703. *Please note that our office is open by appointment only.* For more information, visit the [MPO Civil Rights web page](#).
- Wisconsin Department of Transportation (WisDOT), Taqwanya Smith, Senior Title VI and ADA Coordinator, Phone: (608) 266-8129, TTY (800) 947-3529, Fax: (608)267-3641, Email: taqwanya.smith@dot.wi.gov, 4822 Madison Yards Way, 5th Floor South, Madison, WI 535705. For more information, visit the [WisDOT Title VI-ADA website](#).
- U.S. Department of Transportation, Federal Highway Administration (FHWA), Office of Civil Rights, 1200 New Jersey Avenue, SE, 8th Floor E81-105, Washington, DC 20590, Phone: (202) 366-0693, email: FHWA.TitleVIcomplaints@dot.gov.
- U.S. Department of Transportation, Federal Transit Administration (FTA), Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590, Phone: 1-888-446-4511 or 711(Relay), email: FTACivilRightsCommunications@dot.gov.

Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Click or tap here to enter text.

Section B: Contact Information

Name <input type="text"/>	Telephone Number (including area code) <input type="text"/>
Address <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>

Email Address

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

Click or tap here to enter text.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)		<input type="checkbox"/> Americans with Disability Act (A.D.A)	

Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? Please check any box that may apply.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?	Click to add date in the following format: Day, month, year		
What was the time of the occurrence?	Click to add the time		
What is the name or identification of the employee or employees involved?	Click or tap here to enter text.		
What is the name or identification of others involved, if applicable?	Click or tap here to enter text.		
What was the number or name of the route you were on, if applicable?	Click or tap here to enter text.		
What was the direction or destination you were headed to when the incident occurred, if applicable?	Click or tap here to enter text.		
Where was the location of the occurrence?	Click or tap here to enter text.		
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please add any additional descriptive details about the incident.

Click or tap here to enter text.

In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Click or tap here to enter text.

Section E: Follow-up

May we contact you if we need more details or information?

Yes

No

If yes, how would you best liked to be reached? Please select your preferred form of contact below

Phone

Email

Mail

If you would prefer to be contacted by phone, please list the best day and time to reach you.

Click here to add your preferred time

Click here to add your preferred day

Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

Click or tap here to enter text.

If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Click or tap here to enter text.

Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the Greater Madison MPO or the other agencies listed on the first page of this form.

Name

Date:

Signature

Complaint Log

The Greater Madison MPO maintains a list or log to track and resolve all complaints, investigations, and lawsuits.

Check One:

X	Because the Greater Madison MPO has had no Title VI-related filings against it, the log of complaints, investigations, and lawsuits illustrated in Table 8 has no entries.
	There have been investigations, complaints and/or lawsuits filed against us. See list below. Attach additional information as needed.

Note: The performance measure for tracking when an investigation begins and when its administratively closed is documented in the **Complaint Log** table below. Greater Madison MPO will strive to complete the investigation within the timeframe specified in its **Complaint Procedure**.

Table 8: Log of Complaints, Investigations, and Lawsuits.

Type Complaint Investigation Lawsuit	Date Complaint Received (Month, Day, Year)	Complainant's Contact Information Name/Phone/ Email/Address	Basis of Complaint ¹	Summary Complaint Description	Action Taken/ Final Outcome if Resolved List dates of action steps including the dates complaint/ investigation begins and is administratively closed.	Status

¹ Complaint, Investigation, or Lawsuit. The protected classes under Title VI are Race, Color and Nation Origin; the protected class under Title II is disability.

² Specify Race, Color, National Origin, Disability, Religion, Sex, Age, Service, Income Status, Limited English Proficient (LEP), Safety, Other.