

# City of Milwaukee Department of Compliance and Engagement



The City of Milwaukee ADA Coordinator will help to resolve any disability access or discrimination issues for the City of Milwaukee.

The City of Milwaukee will make every effort to ensure the identification and removal of barriers to accessibility in its facilities, programs/services/activities, and and/or streets/traffic for persons with disabilities.

## Accessibility Report / Complaint Form

Use this form to report an accessibility barrier or possible disability-related discrimination involving a City of Milwaukee facility, program, service, activity, street, sidewalk, crossing, or traffic feature.

If you need help completing this form or need it in another format, contact the ADA Coordinator.

**ADA Coordinator**  
City Hall, Room 603  
200 East Wells Street  
Milwaukee, WI 53202

414-286-3475 Voice  
711 Wisconsin Relay  
414-286-5475 Fax  
[ADACoordinator@milwaukee.gov](mailto:ADACoordinator@milwaukee.gov)

## Instructions

- Complete as much information as you can.
- Fields marked with asterisk \* are required.
- If you are not sure which complaint type applies, choose the closest option and describe the issue in your own words.
- After this form is received, it will be shared with the appropriate City department for review. You should receive a written response within 30 business days.

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### 1. Your contact information

**Full name\***

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**Preferred name**

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**Email address**

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**Phone number (xxx-xxx-xxxx)**

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**Mailing address**

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**City**

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**State**

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**ZIP code**

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**2. How should we contact you?**

**Preferred communication method\***

Check all that apply.

- Voice phone
- Wisconsin Relay / 711
- Email
- U.S. Mail
- Other: \_\_\_\_\_

**Best time to contact you**

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**Do you need an accommodation to participate in this report process?**

- Yes
- No

**If yes, describe the accommodation needed**

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**Do you need language assistance or an alternate format?**

- Yes
- No

**If yes, describe what you need**

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### 3. What type of accessibility issue are you reporting?

Select one.

Architectural access

Examples: entrances, doors, restrooms, drinking fountains, service counters, counter height, paths of travel, elevators, ramps, parking, handrails, curb cuts, sidewalks, parking

Public right-of-way

Examples: pedestrian crosswalks, pedestrian crossing signals, street crossings, right-of-way

Programs, services, or activities

Examples: meetings, events, communication access, alternative formats, service animals, payment access, voting access

Not sure / Other

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### 4. Where did the issue happen?

**Name of City facility, program, service, activity, street, or traffic location\***

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**Specific location\***

Examples: room number, entrance, floor, intersection, sidewalk segment, bus stop, or crossing

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**5. Describe the issue**

**Date of incident or complaint\***

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month / Day / Year

**Has this issue happened more than once?**

- Yes
- No
- Not sure

**If yes, when or how often?**

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**Describe the accessibility barrier or issue\***

Please explain what happened, what barrier you experienced, and how it affected your access.

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**What would help resolve this issue?**

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**6. Attachments**

**Are you including any additional pages or supporting documents?**

Yes

No

**If yes, list the attachments**

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**7. Signature**

I certify that the information I have provided is true to the best of my knowledge.

**Signature**

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**Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

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**8. What happens next**

After this form is received, the ADA Coordinator will share it with the appropriate City department for review and investigation. The department will report the results of its review, including any proposed solution and timeframe, to the ADA Coordinator. The complainant may expect to receive a written response within 30 business days.

If you do not receive a response within 30 business days, please contact:

**ADA Coordinator**

Department of Compliance and Engagement

City Hall, Room 603

200 East Wells Street

Milwaukee, WI 53202

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