OCR NOTICE OF NONDISCRIMINATION

Source: HHS Office for Civil Rights

# Name of covered entity

complies with applicable Federal civil rights laws and does not discrimination on the basis of race, color, national origin, age, disability, or sex.

**Name of covered entity**

does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Name of covered entity:**

* Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  + Qualified sign language interpreters
  + Written information in other formats (large print, audio, accessible electronic formats)
* Provides free language services to people whose primary language is not English, such as:
  + Qualified interpreters
  + Information written in other languages

If you need these services, contact **Name of Civil Rights Coordinator**

If you believe that **Name of covered entity** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Name and title of Civil Rights Coordinator**

**Mailing Address**

**Telephone Number**

**TTY number – if covered entity has one**

**Fax**

**Email**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Name and title of Civil Rights Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

Toll Free: 1-800-868-1019

800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>