

## OCR NOTICE OF NONDISCRIMINATION

Source: HHS Office for Civil Rights

### **Name of covered entity**

complies with applicable Federal civil rights laws and does not discriminate 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>.