

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]* 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>.