

# **Notice of Right to File a Discrimination Complaint**

## **EQUAL OPPORTUNITY IS THE LAW**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have been provided a copy of the US Department of Health and Human Services Civil Rights Complaint statement.



# FACT SHEET



U.S. Department of Health and Human Services • Office for Civil Rights • Washington, D.C. 20201 • (202) 619-0403

## KNOW YOUR CIVIL RIGHTS!

### THE OFFICE FOR CIVIL RIGHTS

The Office for Civil Rights (OCR) of the U. S. Department of Health and Human Services (DHHS) enforces Federal laws that prohibit discrimination by health care and human service providers that receive funds from the DHHS. Such laws include Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Community Service Assurance provisions of the Hill-Burton Act.

### Discrimination Is Against the Law!

This Fact Sheet explains your rights to receive services and benefits in programs and activities funded by the DHHS. There are Federal civil rights laws that prohibit discrimination in such programs and activities based on:

Race  
Disability

Color  
Age  
Religion

National Origin  
Sex

Some of the institutions, programs and service providers that may receive funds from the DHHS are:

- Hospitals
- Medicaid and Medicare
- Physicians and other health care professionals in private practice with patients assisted by Medicaid
- Family Health Centers
- Community Mental Health Centers
- Alcohol and Drug Treatment Centers
- Nursing Homes
- State agencies that are responsible for administering health care
- Foster Care Homes
- Day Care Centers
- Senior Citizen Centers
- Nutrition Programs
- State and local income assistance and human service agencies

### HOW TO FILE A COMPLAINT OF DISCRIMINATION WITH OCR

If you believe that you have been discriminated against because of your race, color, national origin, disability, age, and in some cases sex or religion, by an entity (recipient) receiving financial assistance from the DHHS, you

or your representative may file a complaint with OCR. Complaints must be filed within 180 days from the date of the alleged discriminatory act. OCR may extend the 180-day deadline if you can show "good cause." Include the following information in your written complaint, or request a Discrimination Complaint Form from OCR:

- **Your name, address and telephone number.** You must sign your name. If you file a complaint on someone's behalf, include your name, address, telephone number, and statement of your relationship to that person--e.g., spouse, attorney, friend, etc.
- **Name and address of the institution or agency you believe discriminated against you.**
- **How, why and when you believe you were discriminated against.**
- **Any other relevant information.**

Send the complaint to the Regional Manager at the appropriate OCR Regional Office or to OCR Headquarters at the following address:

**Director  
Office for Civil Rights  
U. S. Department of Health and Human Services  
200 Independence Avenue, SW  
H.H.H. Building, Room 509-F  
Washington, D.C. 20201**

**Telephone :** (202) 619-0403  
**E-Mail :** [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)  
**Website :** <http://www.hhs.gov/ocr>

For information on the addresses and telephone numbers of OCR's Regional Offices, or to obtain information of a civil rights nature, please call the following toll-free OCR hotline numbers. OCR employees will make every effort to provide prompt service.

**Voice : 1-800-368-1019  
TDD : 1-800-537-7697**