



Discrimination is Against the Law

[Name of covered entity] _____

[Name of Civil Rights Coordinator] _____

[Mailing Address] _____

[Telephone number] _____

[TTY number—if covered entity has one] _____

[Fax] _____

[Email] _____

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English

Discrimination is Against the Law

[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, other 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Español (Spanish)

Discrimination is Against the Law La Discriminación esta en Contra de La Ley

[Name of covered entity] cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. [Name of covered entity] no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

[Name of covered entity]:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes capacitados de lenguaje de señas.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con [Name of Civil Rights Coordinator].

Si considera que [Name of covered entity] no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, [Name and Title of Civil Rights Coordinator] está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>

Português (Portuguese)

Discriminação é Contra a Lei

[Name of covered entity] cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo. [Name of covered entity] não exclui as pessoas ou as trata de forma diferente devido à raça, cor, nacionalidade, idade, deficiência ou sexo.

[Name of covered entity]:

• Faculta ajuda e serviços gratuitos a pessoas com dificuldade de se comunicarem de forma eficaz conosco, tais como:

- Intérpretes de língua gestual qualificados
- Informação escrita em noutros formatos (impressão maior, áudio, formatos eletrônicos acessíveis, outros formatos)

• Faculta serviços linguísticos grátis a pessoas cuja língua principal não é o inglês, tais como:

- Intérpretes qualificados
- Informação escrita em outros idiomas

Se necessitar destes serviços, contate [Name of Civil Rights Coordinator]

Se archar que a [Name of covered entity] não cumpriu estes serviços ou exerceu discriminação de outra forma com base na raça, cor, nacionalidade, idade, deficiência ou sexo, pode apresentar uma reclamação junto a: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Pode apresentar uma reclamação pessoalmente ou por correio, fax ou e-mail. Se precisar de ajuda para efetuar a reclamação, o/a [Name and Title of Civil Rights Coordinator] estará disponível para o/a auxiliar.

Pode também apresentar uma reclamação de direitos civis junto ao U.S. Department of Health and Human Services (Departamento de Saúde e dos Serviços Humanos dos Estados Unidos da América), Office for Civil Rights (Gabinete de Direitos Civis), por via electrónica através do Office for Civil Rights Complaint Portal, disponível em <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, ou por correio ou telefone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Os formulários de reclamações encontram-se disponíveis em <http://www.hhs.gov/ocr/office/file/index.html>.

Polski (Polish)

Dyskryminacja jest sprzeczna z prawem

[Name of covered entity] postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć. [Name of covered entity] nie wyklucza i nie traktuje nikogo inaczej ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

[Name of covered entity]:

- Zapewnia osobom niepełnosprawnym bezpłatną pomoc i usługi w celu umożliwienia skutecznej komunikacji z nami, na przykład:

- Wykwalifikowanych tłumaczy języka migowego

- Informacje na piśmie w różnych formatach (duży druk, nagrania dźwiękowe, przystępne formaty elektroniczne, inne formaty)

- Zapewnia bezpłatne usługi językowe osobom dla osób, dla których angielski nie jest językiem rodzimym, na przykład:

- Wykwalifikowanych tłumaczy

- Informacje na piśmie w innych językach

Jeżeli chcesz skorzystać z wymienionych usług, skontaktuj się z [Name of Civil Rights Coordinator]

Jeżeli uważasz, że [Name of covered entity] nie wypełnił obowiązku świadczenia tych usług lub w inny sposób dopuścił się dyskryminacji ze względu na rasę, koloru skóry, pochodzenie, wiek, niepełnosprawność bądź płeć, możesz złożyć skargę do: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Skargę można złożyć osobiście, za pośrednictwem poczty tradycyjnej, elektronicznej lub faksu. Jeżeli potrzebujesz pomocy w złożeniu skargi, [Name and Title of Civil Rights Coordinator] może w tym pomóc.

Skargę w zakresie naruszenia praw obywatelskich można również złożyć w U.S. Department of Health and Human Services (Departamentu Zdrowia i Opieki Społecznej Stanów Zjednoczonych), Office for Civil Rights (Biuro Praw Obywatelskich), drogą elektroniczną za pośrednictwem witryny Office for Civil Rights Complaint Portal pod adresem <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, za pośrednictwem poczty tradycyjnej lub dzwoniąc pod numer telefonu:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Formularze skarg są dostępne na stronie <http://www.hhs.gov/ocr/office/file/index.html>.

繁體中文 (Chinese)

歧視是違法的

[Name of covered entity] 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。[Name of covered entity] 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

[Name of covered entity]：

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）
- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡 [Name of Civil Rights Coordinator]

如果您認為 [Name of covered entity] 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以向 [Name and Title of Civil Rights Coordinator] 提交投訴，郵寄地址為 [Mailing Address]，電話號碼為 [Telephone number]、TTY（短訊專線）號碼為 [TTY number—if covered entity has one]，傳真為 [Fax]，電子信箱為 [Email]。您可以親自提交投訴，或者以郵寄、傳真或電郵的方式提交投訴。如果您在提交投訴方面需要幫助，[Name and Title of Civil Rights Coordinator] 可以幫助您。

您還可以向 U.S. Department of Health and Human Services（美國衛生及公共服務部）的 Office for Civil Rights（民權辦公室）提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，或者透過郵寄或電話的方式投訴：

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)（聽障用電信設備）

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

Italiano (Italian)

La discriminazione è contro la legge

[Name of covered entity] si conforma a tutte le leggi federali vigenti in materia di diritti civili e non permette discriminazioni basate su razza, colore, origine nazionale, età, disabilità o sesso. [Name of covered entity] non esclude le persone, né riserva loro un diverso trattamento a causa della loro razza, del colore della loro pelle, della loro origine nazionale, età, disabilità o del loro sesso.

[Name of covered entity]:

- Assicura supporto e servizi gratuiti alle persone disabili per aiutarle a comunicare con noi in modo efficace, e precisamente:
 - Interpreti qualificati nella lingua dei segni
 - Informazioni scritte in altri formati (stampa a grandi caratteri, audio, formati elettronici accessibili, altri formati)
- Offre servizi linguistici gratuiti alle persone la cui lingua primaria non è l'inglese, tra cui:
 - Interpreti qualificati
 - Informazioni scritte in altre lingue

Se avete bisogno di tali servizi, contattate [Name of Civil Rights Coordinator]

Se considerate che [Name of covered entity] non abbia offerto tali servizi o abbia permesso discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso, potete presentare un reclamo a: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Potete presentare tale reclamo di persona o a mezzo posta, fax oppure e-mail. Se avete bisogno di assistenza per la presentazione del reclamo, [Name and Title of Civil Rights Coordinator] è a vostra disposizione per fornire assistenza.

È altresì possibile presentare un reclamo per i diritti civili allo U.S. Department of Health and Human Services (Dipartimento statunitense per la salute e i servizi umani), Office for Civil Rights (Ufficio per i diritti civili), elettronicamente mediante il Office for Civil Rights Complaint Portal, disponibile all'indirizzo <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, oppure a mezzo posta o telefono all'attenzione di:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

I moduli per i reclami sono disponibili all'indirizzo <http://www.hhs.gov/ocr/office/file/index.html>.

Français (French)

Il est interdit de discriminer

[Name of covered entity] respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap. [Name of covered entity] n'exclut et ne traite aucune personne différemment en raison de sa race, sa couleur de peau, son origine nationale, son âge, son sexe ou son handicap.

[Name of covered entity] :

- Fournit gratuitement des aides et services aux personnes handicapées afin de permettre une communication efficace avec nous, par exemple :
 - Interprètes qualifiés en langue des signes
 - Informations écrites dans d'autres formats (gros caractères, audio, formats électroniques accessibles, autres formats)
- Fournit gratuitement des services linguistiques aux personnes dont la langue principale n'est pas l'anglais, par exemple :
 - Interprètes qualifiés
 - Informations écrites dans d'autres langues

Si vous avez besoin de ces services, contactez [Name of Civil Rights Coordinator]

Si vous pensez que [Name of covered entity] n'a pas fourni ces services ou a fait preuve d'une autre forme de discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou le handicap, vous pouvez déposer une réclamation auprès de : [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Vous pouvez déposer une réclamation en personne ou par courrier, télécopie ou e-mail. Si vous avez besoin d'aide pour déposer une réclamation, [Name and Title of Civil Rights Coordinator] se tient à votre disposition pour vous y aider.

Vous pouvez également déposer une réclamation concernant vos droits civiques auprès de l'U.S. Department of Health and Human Services (Département de la Santé et des Services Sociaux des États-Unis), Office for Civil Rights (Bureau des Droits Civiques), par voie électronique via l'Office for Civil Rights Complaint Portal, disponible à l'adresse <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, par courrier ou par téléphone à :

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Des formulaires de réclamation sont disponibles à l'adresse <http://www.hhs.gov/ocr/office/file/index.html>.

Kreyòl Ayisyen (French Creole)

Lalwa entèdi pou moun fè diskriminasyon

[Name of covered entity] konfòme li ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. [Name of covered entity] pa ekskli moun oswa trete yo nan fason ki diferan akòz ras, koulè, peyi orijin, laj, enfimite oswa sèks yo.

[Name of covered entity]:

- Bay èd ak sèvis gratis pou moun ki andikape pou yo kominike avèk nou nan fason ki efikas, tankou:
 - Enèprèt langaj siy ki kalifye
 - Enfòmasyon ekri nan lòt fòma (gwo lèt, odyo, fòma elektwonik ki aksesib, lòt fòma)
- Bay sèvis lang gratis ba moun ki gen lang natifinatal yo ki pa Anglè, tankou:
 - Enèprèt kalifye
 - Enfòmasyon ki ekri nan lòt lang

Si w bezwen sèvis sa yo, kontakte [Name of Civil Rights Coordinator]

Si w kwè [Name of covered entity] pa t bay sèvis sa yo oswa te fè diskriminasyon nan yon lòt fason sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks, ou ka depoze yon plent nan: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Ou ka depoze yon plent an pèsòn oswa pa lapòs, pa faks oswa pa imel. Si w bezwen èd pou w depoze yon plent [Name and Title of Civil Rights Coordinator] disponib pou ede w.

Ou ka depoze yon plent pou dwa sivil tou nan U.S. Department of Health and Human Services, (Depatman Sèvis Sante ak Imen Etazini), Office for Civil Rights (Biwo Dwa Sivil) atravè Office for Civil Rights Portal, pa mwayen elektwonik ki disponib nan <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, oswa nan pa lapòs oswa:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Fòmilè pou plent yo disponib nan <http://www.hhs.gov/ocr/office/file/index.html>.

Русский (Russian)

Дискриминация противозаконна

[Name of covered entity] соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. [Name of covered entity] не исключает людей и не относится к ним по-разному из-за расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

[Name of covered entity]:

- Для эффективного взаимодействия предоставляет безвозмездную помощь и оказывает услуги людям с ограниченными возможностями, а именно:

- услуги квалифицированных сурдопереводчиков;

- письменную информацию в других форматах (крупный шрифт, аудио формат, доступные электронные форматы, прочие форматы).

- Предоставляет бесплатные услуги перевода людям, для которых английский не является основным языком, а именно:

- услуги квалифицированных переводчиков;

- письменную информацию на других языках.

Если вы нуждаетесь в таких услугах, обратитесь к [Name of Civil Rights Coordinator]

Если вы считаете, что в [Name of covered entity] Вам не предоставили указанных услуг или иным образом дискриминировали Вас по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола, Вы можете подать жалобу: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Вы можете подать жалобу лично или отправить по почте, факсу или электронной почте. Если Вам нужна помощь в подаче жалобы, Вам поможет [Name and Title of Civil Rights Coordinator].

Вы также можете подать жалобу о нарушении гражданских прав в U.S. Department of Health and Human Services (Министерство здравоохранения и социальных служб США), Office for Civil Rights (Управление по гражданским правам), в электронном виде через Office for Civil Rights Complaint Portal, доступный по ссылке: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, по почте или по телефону:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, ННН Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Бланки жалобы доступны по адресу: <http://www.hhs.gov/ocr/office/file/index.html>.

Tiếng Việt (Vietnamese)

Phân Biệt Đối Xử Là Trái Pháp Luật

[Name of covered entity] tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. [Name of covered entity] không loại trừ mọi người hoặc đối xử với họ khác biệt vì chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

[Name of covered entity]:

- Cung cấp dịch vụ hỗ trợ miễn phí cho những người khuyết tật để giao tiếp với chúng tôi có hiệu quả, như:
 - Thông dịch viên ngôn ngữ ký hiệu đủ năng lực
 - Thông tin bằng văn bản ở các định dạng khác (chữ in lớn, âm thanh, định dạng điện tử có thể tiếp cận, các định dạng khác)
- Cung cấp miễn phí các dịch vụ ngôn ngữ cho những người có ngôn ngữ chính không phải là tiếng Anh, như:
 - Thông dịch viên đủ năng lực
 - Thông tin được trình bày bằng ngôn ngữ khác

Nếu bạn cần những dịch vụ này, hãy liên hệ [Name of Civil Rights Coordinator]

Nếu bạn tin rằng [Name of covered entity] không cung cấp những dịch vụ này hoặc phân biệt đối xử theo cách khác dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính, bạn có thể nộp đơn khiếu nại với: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Bạn có thể trực tiếp nộp đơn khiếu nại hoặc gửi qua đường bưu điện, chuyển fax, hoặc email. Nếu bạn cần trợ giúp nộp đơn khiếu nại, [Name and Title of Civil Rights Coordinator] sẵn sàng giúp bạn.

Bạn cũng có thể nộp đơn khiếu nại về dân quyền lên U.S. Department of Health and Human Services (Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ), Office for Civil Rights (Văn Phòng Dân Quyền) bằng hình thức điện tử qua Office for Civil Rights Complaint Portal, có trên trang <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, hoặc qua đường bưu điện hoặc bằng điện thoại tại:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Các mẫu khiếu nại có trên trang <http://www.hhs.gov/ocr/office/file/index.html>.

التمييز ضد القانون

يلتزم [Name of covered entity] بقوانين الحقوق المدنية الفيدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو نوع الجنس. كما لا يستبعد [Name of covered entity] الأشخاص أو يعاملهم على نحو مختلف بسبب النوع أو اللون أو الأصل الوطني أو السن أو الإعاقة أو نوع الجنس.

[Name of covered entity]:

• يوفر مساعدات وخدمات مجانية للأشخاص من ذوي الإعاقات للتواصل بصورة فعالة معنا، مثل:

○ مترجمي لغة إشارة مؤهلين

○ معلومات كتابية بتنسيقات أخرى (مطبوعة بأحرف كبيرة، مواد صوتية، تنسيقات إلكترونية متيسرة، وغير ذلك من التنسيقات)

• يوفر خدمات لغوية مجانية للأشخاص الذين لغتهم الأساسية ليست الإنجليزية، مثل:

○ مترجمين مؤهلين

○ معلومات مكتوبة بلغات أخرى

إذا كنت بحاجة لهذه الخدمات، اتصل بـ [Name of Civil Rights Coordinator]

إذا كنت تعتقد أن [Name of covered entity] قد أخفق في توفير تلك الخدمات أو ميز بطريقة أخرى على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس، يمكن أن تتقدم بشكوى إلى: [Name and Title of Civil Rights Coordinator]، [Mailing Address]، [Telephone number]، [TTY number TTY number—if covered entity has one]، [Fax]، [Email]. يمكن أن تتقدم بشكوى شخصيًا أو بالبريد أو بالفاكس أو البريد الإلكتروني. إذا كنت بحاجة للمساعدة في التقدم بشكوى، فإن [Name of Civil Rights Coordinator] متاح لمساعدتك.

يمكنك أيضًا أن تتقدم بشكوى إلكترونيًا لوزارة Department of Health and Human Services (وزارة الخدمات الصحية والبشرية)، مكتب Office for Civil Rights (مكتب الحقوق المدنية)، من خلال مكتب Office for Civil Rights Complaint Portal، المتوفر على الرابط <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> أو بالبريد أو الهاتف على:

Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1019-863-800-1, 7697-537-800 (رقم هاتف الصم والبكم)

تتوافر نماذج الشكاوى على الرابط <http://www.hhs.gov/ocr/office/file/index.html>.

한국어 (Korean)

차별은 법률 위반이다

[Name of covered entity]은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다. [Name of covered entity]은(는) 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 누군가를 배제하거나 다른 방식으로 대우하지 않습니다.

[Name of covered entity]:

- 장애인들이 저희와 효과적으로 의사소통할 수 있도록 다음과 같은 무료 지원과 서비스를 제공합니다.
 - 자격있는 수화 통역
 - 다른 형식의 서면 정보(큰 활자, 음성, 사용 가능한 전자 형식, 기타 형식등)
- 주로 사용하는 언어가 영어가 아닌 이들에게는 다음과 같은 무료 언어 서비스를 제공합니다.
 - 자격있는 통역
 - 다른 언어로 작성된 서면 정보

이러한 서비스가 필요하시면 [Name of Civil Rights Coordinator]에 연락하십시오.

[Name of covered entity]이(가) 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 이러한 서비스를 제공하지 않거나 다른 방식으로 차별했다고 생각하시는 경우 [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email](으)로 연락하여 불만을 제기하실 수 있습니다. 직접 방문하거나 우편, 팩스 또는 이메일로 불만을 제기하실 수 있습니다. 불만 제기와 관련하여 도움이 필요하시면, [Name and Title of Civil Rights Coordinator](으)로부터 지원을 받으실 수 있습니다.

또한 공민권 민원을 미국 Department of Health and Human Services(보건복지부), Office for Civil Rights(시민권 사무국)에 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>에 있는 시민권 사무국 민원 포털을 통해 전자 방식으로 제출하거나 우편이나 전화로 제출할 수 있습니다. 주소 및 연락처는 다음과 같습니다.

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

민원 양식은 <http://www.hhs.gov/ocr/office/file/index.html> 에서 보실 수 있습니다.

Shqip (Albanian)

Diskriminimi është kundër ligjit

[Name of covered entity] vepron në përputhje me ligjet e zbatueshme federale të, të drejtave civile dhe nuk ushtron diskriminim mbi baza si raca, ngjyra, prejardhja etnike, moshë, aftësia e kufizuar ose gjinia. [Name of covered entity] nuk i përjashton personat ose nuk i trajton ata në mënyrë të diferencuar për shkak të racës, ngjyrës, prejardhjes etnike, moshës, aftësisë së kufizuar ose gjinisë.

[Name of covered entity]:

• Ofron ndihmë dhe shërbime falas për personat me aftësi të kufizuara për të komunikuar në mënyrë efektive me ne, si p.sh.:

- Interpretues të kualifikuar të gjuhës së shenjave
- Informacione me shkrim në formate të tjera (me germa të mëdha, audio, formate elektronike të aksesueshme, formate të tjera)

• Ofron shërbime gjuhësore falas për personat që nuk kanë anglishten si gjuhë të parë të tyre, si p.sh.:

- Interpretues të kualifikuar
- Informacione me shkrim në gjuhë të tjera

Nëse ju nevojiten këto shërbime, kontaktoni me [Name of Civil Rights Coordinator]

Nëse besoni se [Name of covered entity] ka dështuar në ofrimin e këtyre shërbimeve apo ju ka diskriminuar në një mënyrë tjetër në bazë të racës, ngjyrës, prejardhjes etnike, moshës, aftësisë së kufizuar apo gjinisë, ju mund të depozitoni një ankesë pranë: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Ankesën mund ta depozitoni personalisht ose ta dërgoni me postë, faks ose email. Nëse ju nevojitet ndihmë për depozitim të një anese, [Name and Title of Civil Rights Coordinator] do të jetë në dispozicionin tuaj për t'ju ndihmuar.

Ju mund të depozitoni gjithashtu një ankesë për të drejtat civile pranë U.S. Department of Health and Human Services (Departamenti Amerikan i Shërbimeve të Shëndetit dhe Njeriut), Office for Civil Rights (Zyra për të Drejtat Civile), në mënyrë elektronike përmes Office for Civil Rights Complaint Portal, që gjendet në adresën <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, ose me postë apo telefon në:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Formularët e ankesave gjenden në adresën <http://www.hhs.gov/ocr/office/file/index.html>.

हिंदी (Hindi)

भेदभाव कानून के खिलाफ है

[Name of covered entity] लागू होने योग्य संघीय नागरिक अधिकार कानूनों का अनुपालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है। [Name of covered entity] जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर लोगों को बाहर नहीं रखता या उनके साथ अलग तरह का बर्ताव नहीं करता है।

[Name of covered entity]:

- विकलांग लोगों को हमारे साथ प्रभावशाली ढंग से संप्रेषण करने के लिए निःशुल्क सहायता और सेवाएं प्रदान करता है, जैसे:
 - योग्यताप्राप्त सांकेतिक भाषा दुभाषिया
 - अन्य फॉर्मेटों (बड़े प्रिंट, ऑडियो, सुलभ इलेक्ट्रॉनिक फॉर्मेट, अन्य फॉर्मेट) में लिखित जानकारी
- जिन लोगों की प्राथमिक भाषा अंग्रेज़ी नहीं है उन लोगों को निःशुल्क भाषा सेवाएं प्रदान करता है, जैसे:
 - योग्यताप्राप्त दुभाषिये
 - अन्य भाषाओं में लिखित जानकारी

यदि आपको इन सेवाओं की आवश्यकता है तो [Name of Civil Rights Coordinator] से संपर्क करें

यदि आपको विश्वास है कि [Name of covered entity] ये सेवाएं प्रदान करने में विफल रहा है या जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर किसी तरह से कोई भेदभाव किया है तो आप निम्नलिखित के पास शिकायत दर्ज करा सकते हैं: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. आप स्वयं जाकर या डाक, फैक्स, या ईमेल द्वारा भी शिकायत दर्ज करा सकते हैं। यदि आपको शिकायत दर्ज कराने में सहायता की आवश्यकता है तो [Name and Title of Civil Rights Coordinator] आपकी सहायता के लिए उपलब्ध है।

आप <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> पर उपलब्ध, Office for Civil Rights Complaint Portal के माध्यम से इलेक्ट्रॉनिक तरीके से, या डाक या फोन द्वारा भी U.S. Department of Health and Human Services (यू.एस. डिपार्टमेंट ऑफ हेल्थ एण्ड ह्यूमन सर्विसेज़), Office for Civil Rights (ऑफिस फॉर सिविल राइट्स) के पास भी एक नागरिक अधिकार शिकायत दर्ज करा सकते हैं:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

शिकायत फॉर्म <http://www.hhs.gov/ocr/office/file/index.html> पर उपलब्ध हैं।

Tagalog (Tagalog – Filipino)

Ang Diskriminasyon ay Labag sa Batas

Sumusunod ang [Name of covered entity] sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian. Ang [Name of covered entity] ay hindi nagtatangi ng mga tao o hindi nagpapakita ng ibang pakikitungo dahil sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Ang [Name of covered entity] ay:

- Nagbibigay ng mga libheng tulong at serbisyo sa mga taong may kapansanan upang mahusay silang makipag-ugnayan sa amin, gaya ng:

- Mga kwalipikadong interpreter ng sign language

- Nakasulat na impormasyon sa iba pang mga format (malaking print, audio, mga naa-access na electronic na format, iba pang mga format)

- Nagbibigay ng mga libheng serbisyo sa wika sa mga taong hindi Ingles ang pangunahing wika, gaya ng:

- Mga kwalipikadong interpreter

- Impormasyong nakasulat sa iba pang mga wika

Kung kailangan mo ang mga serbisyong ito, makipag-ugnayan kay [Name of Civil Rights Coordinator]

Kung naniniwala kang hindi naibigay ng [Name of covered entity] ang mga serbisyong ito o nandiskrimina ito sa ibang paraan batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian, maaari kang maghain ng karaingan sa: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Maaari kang maghain ng karaingan nang personal o sa pamamagitan ng koreo, fax o email. Kung kailangan mo ng tulong sa paghahain ng karaingan, si [Name and Title of Civil Rights Coordinator] nakahandang tulungan ka.

Maaari ka ring maghain ng reklamo sa mga karapatang sibil sa U.S. Department of Health and Human Services (Kagawaran ng Mga Serbisyong Pangkalusugan at Pantao ng U.S.), Office for Civil Rights (Tanggapan para sa Mga Karapatang Sibil), sa electronic na paraan sa Office for Civil Rights Complaint Portal, na makikita sa <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o sa pamamagitan ng koreo o telepono sa:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Ang mga form ng reklamo ay makukuha sa <http://www.hhs.gov/ocr/office/file/index.html>.

Ελληνικά (Greek)

Οι διακρίσεις αποτελούν παραβίαση του νόμου

Η [Name of covered entity] συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο. Η [Name of covered entity] δεν αποκλείει άτομα ή τα μεταχειρίζεται διαφορετικά εξαιτίας της φυλής, του χρώματος, της εθνικής καταγωγής, της ηλικίας, της αναπηρίας ή του φύλου τους.

Η [Name of covered entity]:

- Παρέχει δωρεάν βοήθημα και υπηρεσίες στα άτομα με αναπηρία για να επικοινωνούν αποτελεσματικά μαζί μας, όπως:

- Ειδικευμένους διερμηνείς νοηματικής γλώσσας
- Γραπτές πληροφορίες σε διαφορετική μορφή (μεγάλα τυπογραφικά στοιχεία, ηχητικό υλικό, προσβάσιμη ηλεκτρονική μορφή, άλλες μορφές)

- Παρέχει δωρεάν γλωσσικές υπηρεσίες σε άτομα των οποίων η κύρια γλώσσα δεν είναι τα αγγλικά, όπως:

- Ειδικευμένους διερμηνείς
- Πληροφορίες γραμμένες σε άλλες γλώσσες

Αν χρειάζεστε αυτές τις υπηρεσίες, επικοινωνήστε με τον αρμόδιο [Name of Civil Rights Coordinator]

Αν πιστεύετε ότι η [Name of covered entity] δεν κατάφερε να σας παράσχει αυτές τις υπηρεσίες ή προέβη σε διακρίσεις με οποιονδήποτε τρόπο με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο μπορείτε να υποβάλετε την καταγγελία σας στον αρμόδιο: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. Μπορείτε να υποβάλετε την καταγγελία σας αυτοπροσώπως ή μέσω ταχυδρομικής επιστολής, φαξ ή ηλεκτρονικού ταχυδρομείου. Αν χρειάζεστε βοήθεια με την υποβολή της καταγγελίας, ο αρμόδιος [Name and Title of Civil Rights Coordinator] βρίσκεται στη διάθεσή σας.

Μπορείτε επίσης να υποβάλετε καταγγελία περί παραβίασης των ατομικών δικαιωμάτων στο Office for Civil Rights (Γραφείο Ατομικών Δικαιωμάτων) του U.S. Department of Health and Human Services (Αμερικανική Υπηρεσία Υγείας και Κοινωνικών Υπηρεσιών), ηλεκτρονικά μέσω του Office for Civil Rights Complaint Portal στο <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> ή μέσω ταχυδρομικής επιστολής ή τηλεφωνικά στο:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Τα έντυπα καταγγελιών είναι διαθέσιμα στο <http://www.hhs.gov/ocr/office/file/index.html>.