



FACT SHEET

U.S. Department of Health and Human Services • Office for Civil Rights

HOW TO FILE A DISCRIMINATION COMPLAINT WITH THE OFFICE FOR CIVIL RIGHTS

If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex or religion by a health care or human services provider (such as a hospital, nursing home, social service agency, etc.) or by a State or local government health or human services agency, you may file a complaint with the Office for Civil Rights (OCR). Complaints alleging discrimination based on disability by programs directly operated by HHS may also be filed with OCR. You may file a complaint for yourself or for someone else.

For more information about the Civil Rights Discrimination Laws and Regulations we enforce, please review our [Civil Rights on the Basis of Race, Color, or National Origin](#), [Civil Rights on the Basis of Disability](#), or [Other Civil Rights](#) sections on our web site, <http://www.hhs.gov/ocr/>.

COMPLAINT REQUIREMENTS - Your complaint must:

- (1) Be filed in writing, either on paper or electronically, by mail, fax, or email;
- (2) Name the health care or social service provider involved and describe the acts or omissions believed to have violated the applicable civil rights nondiscrimination laws or regulations; and
- (3) Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

ANYONE CAN FILE! - Anyone can file written complaints with OCR. We recommend that you use the [OCR Discrimination Complaint Form Package](#) found on our web site at <http://www.hhs.gov/ocr/discrimhowtofile>

If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov

THE CIVIL RIGHTS NONDISCRIMINATION LAWS AND REGULATIONS PROHIBIT - Under Civil Rights Laws an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action.

HOW TO SUBMIT YOUR COMPLAINT TO OCR - *To submit a complaint to OCR, please use one of the following methods.* If you mail or fax the complaint, be sure to send it to the appropriate [OCR regional office](#) based on where the alleged violation took place. OCR has ten regional offices, and each regional office covers specific states. Send your complaint to the attention of the OCR Regional Manager. Note: all complaint and consent forms require a written signature.

Option 1: Open and fill out the [Discrimination Complaint Form Package](#) in PDF format (you can also request a copy of this form from an OCR regional office). You will need Adobe Reader software to fill out the complaint and consent forms. You may either: (a) print and mail or fax the completed, signed complaint and consent forms to the appropriate [OCR regional office](#); or (b) scan and email the completed, signed complaint and consent forms to OCRComplaint@hhs.gov. *(Please be advised that communication by unencrypted email presents a risk of disclosure of sensitive information. There is some risk that any individually identifiable health information or other sensitive or confidential personally identifiable information may be contained in such an email, may be disclosed to, or intercepted by unauthorized third parties.)*

Option 2: If you choose not to use the OCR [Discrimination Complaint Form Package](#), please provide the information specified below by either: (a) mail or fax to the appropriate [OCR regional office](#); or (b) email to OCRComplaint@hhs.gov.

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If you prefer, you may submit a *written* complaint in your own format. Be sure to include the following information:

1. Your name
2. Full address
3. Home and work telephone numbers
4. E-mail address
5. Name, full address and phone number of the person, agency or organization you believe discriminated against you
6. Brief description of what happened: how, why, and when you believe your (or someone else's) civil rights were violated
7. Any other relevant information
8. Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

The following information is *optional*:

1. Do you need special accommodations for us to communicate with you about this complaint?
2. If we cannot reach you directly, is there someone else we can contact to help us reach you?
3. Have you filed your complaint somewhere else?

OCR Regional Addresses

<p>Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights, U.S. DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD); (617) 565-3809 FAX</p>	<p>Region VI - AR, LA, NM, OK, TX Office for Civil Rights, U.S. DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD); (214) 767-0432 FAX</p>
<p>Region II - NJ, NY, PR, VI Office for Civil Rights, U.S. DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 FAX</p>	<p>Region VII - IA, KS, MO, NE Office for Civil Rights, U.S. DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7278; (816) 426-7065 (TDD); (816) 426-3686 FAX</p>
<p>Region III - DE, DC, MD, PA, VA, WV Office for Civil Rights, U.S. DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD); (215) 861-4431 FAX</p>	<p>Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights, U.S. DHHS 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD); (303) 844-2025 FAX</p>
<p>Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights, U.S. DHHS 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 331-2867 (TDD); (404) 562-7881 FAX</p>	<p>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions, Office for Civil Rights, U.S. DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD); (415) 437-8329 FAX</p>
<p>Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights, U.S. DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD); (312) 886-1807 FAX</p>	<p>Region X - AK, ID, OR, WA Office for Civil Rights, U.S. DHHS 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD); (206) 615-2297 FAX</p>