**Appendix A to Part 92—Sample Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement:**

**Discrimination is Against the Law**

[Name of covered entity] ametimiza mahitaji ya sheria za serikali kuu na hana ubaguzi wa kikabila, rangi, asili, umri, ilemavu ama jinsia. [Name of covered entity] habagui watu au kuwatumikia kwa njia tofauti kwa misingi ya kabila, rangi, asili, umri, ulemavu, ama jinsia.

  [Name of covered entity]:

  • Anatoa huduma za bure kwa walemavu kuwawezesha kuwasiliana nasi vizuri, kama vile:  ○ Wafasiri wa lugha

  ○ Taarifa zilizoandikwa katika mitindo mbalimbali (maandishi makubwa, sauti, mitindo ya kielektroniki, mitindo mingineyo)

  • Anatoa huduma za bure za lugha kwa watu ambao lugha yao ya asili si Kiingereza, kama vile:

○ Wafasiri lugha waliohitimu

  ○ Taarifa zilizowasilishwa kwa lugha nyingine

  Ikiwa unahitaji huduma za aina hii, wasiliana na [Name of Civil Rights Coordinator]

Ikiwa unaamini kwamba [Name of covered entity] amekosa kutoa huduma hizi ama amebagua kwa njia nyingine katika misingi ya kabila, rangi, asili, umri, ulemavu, ama jinsia, unaweza kutuma malalamishi kwa: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number ], [TTY number—if covered entity has one], [Fax], [Email]. Unaweza kuweka malalamishi binafsi au kupitia barua, faksi, ama barua pepe. Iwapo unahitaji usaidizi kuweka malalamishi, [Name and Title of Civil Rights Coordinator] anaweza kukusaidia.

Pia, unaweza kuweka malalamishi ya haki za kibinadamu katika U.S. Department of Health and Human Services (Idara ya Huduma za Afya na Jamii ya U.S.), Office for Civil Rights, (Ofisi ya Haki za Umma), kwa njia ya kielektroniki kupitia kwa Office for Civil Rights Complaint Portal, ipatikanayo katika <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, ama kupitia barua ama simu katika:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-868-1019, 800-537-7697 (TDD)

Fomu za malalamishi zinapatikana katika: <http://www.hhs.gov/ocr/office/file/index.html>.