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]

* Name of Civil Rights Coordinator
[Name and Title of Civil Rights Coordinator]
[Name of covered entity]

[Name of Civil Rights Coordinator]

[Name of covered entity]

* Name of Civil Rights Coordinator
[Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email].

U.S. Department of Health and Human Services, Office for Civil Rights (የስ.ቁ.አ. ከፋARGOS ወልሆነ ዓ.ጊ.), Office for Civil Rights Complaint Portal ወልሆነ ዓ.ጊ.
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 (盛会 ያለንበት እንጋገር)