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]^.  ບັນຄ່ອງກາງ ລະເມືອງຂອງຣັຖບານກາງ ໃຫ້ການຊ່ວຍເຫຼືອ ແລະການບໍລິການ ໂດຍບໍ່ເສັຽຄ່າ ໃນການບໍລິການເຫຼົານີ້ ໃຫ້ສາມາດສື່ສານກັບພວກເຮົາໄດ້ຢ່າງມີປະສິດທິພາບ ໃນໝວນທີ່ມີຄຸນສົມບັດເໝາະສົມ ແລະຂໍ້ມູນທີ່ຂຽນໃນພາສາອື່ນ.

[Name of Civil Rights Coordinator] • [Name of covered entity] .

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

Beyond this, you may also file a complaint with the U.S. Department of Health and Human Services (HHS) (Swipe on the crossbar, select services, etc.), Office for Civil Rights (OCR), by visiting the Office for Civil Rights Complaint Portal, or by calling 1-800-368-1019, 800-537-7697 (TDD)

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)

You may also file a complaint by going to http://www.hhs.gov/ocr/office/file/index.html.