

## Sample Notice Informing Individuals about Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement

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 Covered Entity's 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 Covered Entity's Compliance/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)

Barbara Holland, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human  
Services  
150 S. Independence Mall West  
Suite 372, Public Ledger Building  
Philadelphia, PA 19106-9111  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

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

# Translated Notice of Nondiscrimination

(Used for small-size significant publications and significant communications)

Español (Spanish):

[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.

繁體中文 (Chinese):

[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。

한국어 (Korean):

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

Tiếng Việt (Vietnamese):

[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.

Français (French):

[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.

Tagalog (Tagalog – Filipino):

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.

Русский (Russian):

[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.

አማርኛ (Amharic):

[Name of covered entity] የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ለዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልጽ።

Bàsòò-wùdù-po-nyò/Kru (Bassa):

[Name of covered entity] Nyò bɛ̀ɛ̀ kpɔ̃ nyoũn-dyù gbo-gmò-gmà bɛ̀ɛ̀ dyi ké wa ní ge nyoũn-dyù mú dyiìn dé bódó-dù nyò sò kɛ́ mú, mɔɔ kà nyò dycò-kù nyu niè ke mú, mɔɔ bódó bé nyò sò kɛ́ mú, mɔɔ z̃ j̃ kà nyò d̃ nyue mú, mɔɔ nyò me kó dyíe mú, mɔɔ nyò me mò gàa, mɔɔ nyò me mò màa kee mú.

Igbo asusu (Ibo):

[Name of covered entity] na eso usoro iwu federal civil rights. Ha a nakwagi akpachapu onye o bula n' ihe e be o nye ahu si, a gburu ya, colo ahu ya, aha ole onye ahu di, ma o bu nwoke ma o bu nwanyi.

èdè Yorùbá (Yoruba):

[Name of Covered Entity] tele ilana ofin ijoba apapo lori eto ara ilu atipe won ko gbodo sojusaju lori oro eya awo, ilu-abinibi, ojo-ori, abarapa tabi okunrin ati obinrin.

أرڊو (Urdu):

[Name of covered entity] قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور یہ کہ نسل، رنگ، قومیت، عمر، معذوری یا جنس کی بنیاد پر امتیاز نہیں کرتا۔

فارسی (Farsi):

[Name of covered entity] از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.

Kreyòl Ayisyen (French Creole):

[Name of covered entity] konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Português (Portuguese):

[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.

العربية (Arabic):

يلتزم [Name of covered entity] بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.

ગુજરાતી (Gujarati):

[Name of covered entity] લાગુ પડતા સમવાયી નાગરિક અધિકાર કાયદા સાથે સુસંગત છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, ઉંમર, અશક્તતા અથવા લિંગના આધારે ભેદભાવ રાખવામાં આવતો નથી.

## Taglines

### Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

### 繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)

### 한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)번으로 전화해 주십시오.

### Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

### Français (French):

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).

### Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

### Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).

### አማርኛ (Amharic):

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-xxx-xxx-xxxx (መስማት ለተሳናቸው: 1-xxx-xxx-xxxx)።

### Bàsòò-wùdù-po-nyò/Kru (Bassa):

Dè dɛ nà kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa. Dá 1-xxx-xxx-xxxx (TTY:1-xxx-xxx-xxxx)

### Igbo asusu (Ibo):

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

### èdè Yorùbá (Yoruba):

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

أردو (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

فارسی (Farsi):

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) تماس بگیرید.

Kreyòl Ayisyen (French Creole):

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Português (Portuguese):

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-xxx-xxx-xxxx (رقم هاتف الصم والبكم: 1-xxx-xxx-xxxx).

ગુજરાતી (Gujarati):

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).