



# OFFICE FOR CIVIL RIGHTS

## Office for Civil Rights

U.S. Department of Health  
and Human Services

200 Independence Avenue, SW.  
H.H.H. Building, Room 509-F

Washington, D.C. 20201

### TELEPHONE

1-800-368-1019

### E-MAIL

[ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### TDD

1-800-537-7697

[www.hhs.gov/ocr](http://www.hhs.gov/ocr)

# KNOW YOUR RIGHTS AGAINST DISCRIMINATION! THE OFFICE FOR CIVIL RIGHTS (OCR)

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is responsible for enforcing civil rights laws that apply to recipients that receive federal financial assistance from HHS. These laws prohibit discrimination on the basis of race, color, national origin, disability age, religion or sex (including pregnancy, sexual orientation, and gender identity).

## The laws protect us!

### Examples of laws that protect us include:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Title II of the Americans with Disabilities Act of 1990
- The Age Discrimination Act of 1975
- The Community Service Assurance Provisions of the Hill-Burton Act
- Section 1557 of the Affordable Care Act

### Examples of institutions, programs and service providers that receive funds from HHS include:

- Hospitals
- Health care professionals in private practice with patients assisted by Medicaid
- Family and community mental health centers
- Alcohol and drug treatment centers
- Nursing homes
- State agencies responsible for administering health care
- Foster care homes
- Day care and senior citizen centers
- Nutrition programs
- State and local income assistance and human service agencies

## How to file a complaint of discrimination with the Office for Civil Rights (OCR)

If you believe that you or someone else has been discriminated against because of race, color, national origin, disability, age, religion or sex (including pregnancy, sexual orientation, and gender identity) by an entity receiving financial assistance from HHS, you or your legal representative may file a complaint with OCR. Complaints must be filed within 180 days from the date of the alleged discrimination.

You may send a written complaint or you may complete and send OCR the Complaint Form available on our webpage at [www.hhs.gov/ocr](http://www.hhs.gov/ocr). The complaint form is also available on our webpage in a number of other languages under the Civil Rights Information in Other Languages section.

The following information must be included:

- Your name, address and telephone number.
- You must sign your name on everything you write. If you file a complaint on someone's behalf — e.g. spouse, friend, client, etc. — include your name, address, telephone number, and statement of your relationship to that person.
- Name and address of the institution or agency you believe discriminated.
- When, how and why you believe discrimination occurred.
- Any other relevant information.

If you mail the complaint, be sure to send it to the attention of the regional manager at the appropriate OCR regional office. OCR has ten regional offices and each regional office covers specific states. Complaints may also be mailed to OCR Headquarters at the following address:

**Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW.  
H.H.H. Building, Room 509-F  
Washington, D.C. 20201**

**To learn more:**

**Visit us online at [www.hhs.gov/ocr](http://www.hhs.gov/ocr)**

**Call us toll-free at 1-800-368-1019**

**Email us: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)**

**TDD: 1-800-537-7697**

Language assistance services for OCR matters are available and provided free of charge. OCR services are accessible to persons with disabilities.

**[www.hhs.gov/ocr](http://www.hhs.gov/ocr)**