

APPENDICES

(▶ USE PROVIDER LETTERHEAD)

SAMPLE # 1

SUBJECT: Non-Discrimination in Employment Policy Statement

TO: Staff

FROM: (▶ **Insert** Director's Name and Signature)

An open and equitable personnel system will be established and maintained. Personnel policies, procedures, and practices will be designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age, or sex. Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes they have been discriminated against may file a complaint of discrimination with any of the following:

(▶ **Insert** Provider/Facility Name)

(▶ **Insert** Address)

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@pa.gov

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509F HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
<https://www.hhs.gov/ocr/complaints>
Email: ocrcomplaint@hhs.gov

U.S. Equal Employment Opportunity Commission
801 Market Street, Suite 1000
Philadelphia, PA 19107-3126
Inquiries: (800) 669-4000
TTY users only: (800) 669-6820
<https://www.eeoc.gov/federal-sector/overview-federal-sector-eeo-complaint-process>
Email: PDOContact@eeoc.gov

Pennsylvania Human Relations Commission
333 Market Street, 8th Floor
Harrisburg, PA 17101
<https://www.phrc.pa.gov/File-a-complaint>
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279

(▶ USE PROVIDER LETTERHEAD)

SAMPLE # 2

SUBJECT: Non-Discrimination in Services Policy Statement

TO: Patients/Clients/Residents/Parents
(▶ **Insert** One of the above, as applicable)

FROM: (▶ **Insert** Director's Name and Signature)

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including Limited English Proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

(▶ **Insert** Provider/Facility Name)

(▶ **Insert** Address)

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509F HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
<https://www.hhs.gov/ocr/complaints>
Email: ocrmail@hhs.gov

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@pa.gov

Pennsylvania Human Relations Commission (PHRC)
333 Market Street, 8th Floor
Harrisburg, PA 17101
<https://www.phrc.pa.gov/File-a-complaint>
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279