

DAIM NTAWV NTXIV F

**Lus Hais Txog Kev Muaj Vaj Huam sib Luag Hauv Kev Ua Hauj Lwm thiab Muab
Kev Pab Cuam**

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

**COV KEV PAB CUAM TAU NYIAJ TUAJ NTAWM
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES**

**Cov Chaw Muab Kev Kho Mob Thiab Cov Neeg Muab Kev Kho Mob
HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS**

_____ (Recipient's Name Here) yog ib tug tswv hauj lwm thiab ib qhov chaw muab kev pab cuam muaj vaj huam sib luag rau sawv daws. Yog hais tias koj xav tau kev pab tshwj xeeb kom muab cov ntaub ntawv no ua lwm hom kom koj nyeem tau los yog kom muab txhais ua ib hom lus txawv, thov hu rau _____ (Suab); los yog tias koj tsis hnov lus thiab/los yog muaj teeb meem tsis hnov lus zoo, hu rau peb hauv Wisconsin Relay ntawm 711 los yog _____ (TTY/TDD).

Lub koom txoos ua hauj lwm no txwv tsis pub cais neeg tsis raws cai rau ntawm haiv neeg, tsos nqaij daim tawv, keeb kwm teb chaws, muaj mob xiam oob qhab, hnuv nyoog, poj niam txiv neej, nws hais tias nws yog poj niam los txiv neej (gender identity), kev ptees kev yi txawv los yog kev ntseeg. Federal Health Care Provider Conscience Protection Laws txwv cov neeg tau txais nyiaj ntawm tsoom fmv teb chaws HHS ib txhia nyiaj pab los ntawm qhov cais neeg tsis raws cai rau ib txhia cov muab kev pab kho mob vim tus muab kev kho mob tsis kam los yog tsis tuaj yeem los mus koom rau hauv kev txiav hlab kom txhob muaj taus me nyuam cov txheej txheem los yog kev rho me nyuam tsis thooj li los yog raws nkaus li tus neeg muab kev kho mob cov kev ntseeg kev cai dab qhuas los yog lub siab ntseeg tuag nthi. Cov kev txwv no siv rau kev ua hauj lwm thiab muab kev pab cuam.

Yog koj xav tias leej twg los yog lub koom txoos ua hauj lwm no tau cais koj tsis raws cai rau ntawm ib qhov uas raug txoj cai tiv thaiv, koj yuav sau tau ib daim ntawv tsis txaus siab mus rau _____ (Name of the Entity), Tus Xyuas Kev Muab Vaj Huam Sib Luag Rau Sawv Daws (Equal Opportunity Coordinator).

Kom pab tau peb ua tau raws li cov cai tswj, cov cai kav thiab cov lus taw qhia hais txog kev muab vaj huam sib luag rau sawv daws, peb tau tsa Mr./Ms. _____, (xov tooj: _____) Ua Tus Xyuas Kev Muab Vaj Huam Sib Luag Rau Sawv Daws. Peb txhawb kom koj tham tej teeb meem uas zoo li yog kev cais neeg tsis raws cai hauv kev ua hauj lwm los yog muab kev pab cuam nrog rau tus neeg no.

Koj kuj tseem sau tau ntawv tsis txaus siab hais txog cais neeg tsis raws cai mus rau Department of Health Services (DHS). Ib tug neeg twg uas tau txais kev pab thiab tau txais nyiaj pab uas yog muab tuaj ntawm HHS los yog USDA yuav ua tau ntawv tsis txaus siab hais txog neeg cov cai uas yog hu rau Wisconsin DHS, Office of Affirmative Action thiab Civil Rights Compliance (AA/CRC). Yog sau ib daim ntawv tsis txaus siab, sau mus rau:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Suab), 608-266-0583 (Fax)
Wisconsin Relay Services 711 los yog 1-888-701-1251 (TTY)

Tsis hais leej twg yeej ua tau ntawv tsis txaus siab mus rau Office of Civil Rights. Peb xav hais kom koj siv cov foos [Civil Rights Discrimination Complaint Form Package](#). Koj kuj tseem thov tau ib daim qauv luam ntawm daim foos no ntawm [OCR regional office](#). Yog koj xav tau kev pab ua daim ntawv tsis txaus siab los yog muaj lus nug txog cov foos tsis txaus siab los yog pom zoo tso cai, thov sau email xa mus rau OCR ntawm OCRA@hhs.gov.

LOS YOG

Yuav ua ntawv tsis txaus siab txog cais neeg tsis raws cai hais txog ib qhov kev pab cuam twg uas tau txais nyiaj tsoom fww pab tuaj ntawm U.S. Department of Health and Human Services (HHS), sau rau:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 los yog
Xov Tooj Hu Dawb 800-368-1019 los yog 800-537-7697 (TDD)

Cov ntawv tsis txaus siab kuj tseem xa tau mus rau:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Xov Tooj Hu Dawb 800-368-1019
800-537-7697 (TDD)
312-886-1807 (Fax)

Federal Health Care Provider Conscience Protection Laws cov ntawv tsis txaus siab yuav tsum yog sau mus rau theem siab hauv Tsoom Fwv Teb Chaws ntawm qhov chaw ua hauj lwm HHS Office for Civil Rights (OCR).

Peb xav hais kom koj siv cov foos Civil Rights Discrimination Complaint Form Package, uas nrhiav tau nyob rau ntawm tsoom fww lub website ntawm <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. Li cas los xij, koj yuav ua tau ntawv tsis txaus siab xa hauv tsev xa ntawv mus, fax los yog email. Yog koj xav tau kev pab ua ib daim ntawv tsis txaus siab, thov sau email xa mus rau HHS OCR ntawm OCRMail@hhs.gov.

Yog xav paub ntxiv, hu rau:

Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201
Xov Tooj Hu Dawb 1-800-368-1019, 1-800-537-7697 (TDD)
Email: OCRMail@hhs.gov
Website: <http://www.hhs.gov/ocr>

_____ (Name of Entity), DHS, thiab HHS yog cov chaw muab kev pab cuam thiab cov tswv hauj lwm muab vaj huam sib luag rau sawv daws.