

**LIFAAQA DAMBE F**  
**ORAAHDA BIXINTA FURSADDA SIMMAN XAGGA SHAQADA IYO ADEEGGA**

**WAAXDA CAAFIMAADKA IYO ADEEGYADA AADANAHA MAREYKANKA**  
**(U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES)**  
**BARNAAMIJYADA AY MAALGELISO WAAXDA ADEEGYADA CAAFIMAADKA**  
**(DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS)**

**HAY'ADAHA DARYEELKA CAAFIMAADKA IYO BIXIYEYAASHA DARYEELKA CAAFIMAADKA**  
**(HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS)**

\_\_\_\_\_ (Recipient's Name Here) waa loo shaqeyaha fursadda simman iyo bixiye adeeg Haddii aad u baahan tahay kaalmo khaas ah si qoraalkaan laguugu soo gaarsiyo qaab kale ama haddii aad u baahan tahay in laguugu tarjamo luqad kale, fadlan wac \_\_\_\_\_ (Codka); ama haddii aad tahay dhagoole iyo/ama aad dhagaha jigtid, na soo wac adiga oo adeegsada Laliska Wisconsin 711 ama \_\_\_\_\_ (TTY/TDD).

Hay'adaan waxaa laga reebay in ay ku dhaqaaqdo takoor ku saleysan isir, midab, asal qaran, itaal darrida da'da, kacsiga, aqoonsiga waxa qofka yahay, kacsiga qofka doort ama diin. Sharciyada Federal Health Care Provider Conscience Protection Laws waxay dadka qaata HHS kaalmada maaliyadda federaalka ka reeben in ay ku kacaan takoorka ka soo horjeeda qaar ka mid ah bixiyeayaasha daryeelka caafimaadka, taasoo ugu wacan marka bixiyaha diido ama ogolaado in uu ka qeybgalo hababka ka hortagga dhalmada ama dhicinta sida ka soo horjeeda ama waafaqsan caqiidada ama asluubta uu aaminsan yahay. Ka reebidaan waxay quseysaa shaqada iyo geynta adeegga.

Haddii ay kula tahay in qof ama hay'adaan ku takoortay, taasoo ku saleysan aasaas la badbaadiyay, waxaad ashtako aan rasmi ahayn oo ku saabsan takoorka u soo gudbin kartaa \_\_\_\_\_ (Name of the Entity), Iskuduwaha Fursadda Simman (Equal Opportunity Coordinator).

Si aan u helno kaalmo la xariirta u hoggaansamida dhamaan sharciyada, qaanuunka iyo tilmaamaha lagu dabaqi karo, waxaan Mr./Ms. \_\_\_\_\_, (telefoonka: \_\_\_\_\_) u xil saarnay in uu noqdo Iskuduwaha Fursadda Simman. Waxaa laguugu dhiirigelinaa in aad isaga/iyada kala hadashid dhibatooyinka takoorka la maleysto xagga shaqada ama geynta adeegga.

Waxaad kaloo ashtako rasmi ah oo ku saabsan takoorka u gudbin kartaa Department of Health Services (DHS). Macaamil kasta oo qaata adeegyo iyo manaafacaad ay maalgeliso HHS ama USDA wuxuu soo gudbin karaa ashtakada xuquuqda madaniga marka uu la xariiro Wisconsin DHS, Office of Affirmative Action iyo Civil Rights Compliance (AA/CRC). Si aad u gudbisid ashtako, u qor:

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

Qof kasta wuxuu ashtakooyinka qoran u gudbin karaa Office of Civil Rights. Waxaa lagu talinaa in aad adeegsatid [Civil Rights Discrimination Complaint Form Package](#). Waxaad kaloo koobiga foomkaan ka codsan kartaa [OCR regional office](#). Haddii aad u baahan tahay kaalmo buuxinta ashtakada ama aad qabtid su'aal ku saabsan ashtakada ama foomamka ogolaashada, fadlan email u dir OCR, [OCREmail@hhs.gov](mailto:OCREmail@hhs.gov).

AMA

Si aad u soo gudbisid ashtakada takoorka la xariirta barnaamij kasta oo kaalmada maaliyadda federaalka ka qaata U.S. Department of Health and Human Services (HHS), u qor:

HHS Director, Office of Civil Rights  
200 Independence Avenue, S.W.,  
Room 509-F, HHH Building  
Washington, D.C. 20301 ama  
Telefoonka lacag la'aanta 800-368-1019 ama 800-537-7697 (TDD)

Ashtakooyinka waxaa kaloo loo diri karaa:

HHS Office for Civil Rights-Region V  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Telefoonka lacag la'aanta 800-368-1019  
800-537-7697 (TDD)  
312-886-1807 (Faks)

**Ashtakooyinka la xariira Sharciyada Federaalka Badbaadinta Garashada Bixiyaha Daryeelka Caafimaadka (Federal Health Care Provider Conscience Protection Laws) waa in loo gudbiyo heerka Federaalka, loona gudbiyo HHS Office for Civil Rights (OCR).**

Waxaan ku tallineynaa in aad adeegsatid Warqadaha Foomka Ashtakada Takoorka Xuquuqda Madaniga (Civil Rights Discrimination Complaint Form Package), ee laga heli karo bogga internetka federaalka <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. Hase ahatee, waxaad kaloo ashtakada ku diri kartaa boostada, faks ahaan ama email. Haddii aad u baahan tahay kaalmo ku saabsan gudbinta ashtakada, fadlan email u dir HHS OCR [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

Si aad u heshid macluumaad dheeraad ah, la xariir:

Director, Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW - Room 506-F  
Washington, D.C. 20201  
Telefoonka Lacag-la'aanta 1-800-368-1019, 1-800-537-7697 (TDD)  
Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)  
Bogga internetka: <http://www.hhs.gov/ocr>

\_\_\_\_\_ (Name of Entity), DHS, iyo HHS waa loo-shaqeeyeyaal bixiya adeegga fursadda simman