



FACT SHEET



U.S. Department of Health and Human Services • Office for Civil Rights

HOW TO FILE A DISCRIMINATION COMPLAINT WITH THE OFFICE FOR CIVIL RIGHTS

The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) enforces certain Federal civil rights laws that protect the rights of all persons in the United States to receive health and human services without discrimination based on race, color, national origin, disability, age, and in some cases, sex and religion.

If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex or religion by a health care or human services provider (such as a hospital, nursing home, social service agency, etc.) or by a State or local government, you may file a complaint with the Office for Civil Rights (OCR). Complaints alleging discrimination based on disability by programs operated by HHS may also be filed with OCR. You may file a complaint for yourself or for someone else.

Complaints to the Office for Civil Rights must: (1) Be filed in writing, either on paper or electronically; (2) name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Privacy Rule; and (3) be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

Anyone can file written complaints with OCR by **mail, fax, or email**. If you need help filing a complaint or have a question about the complaint form, please call this OCR toll free number: 1-800-368-1019. OCR has ten regional offices, and each regional office covers certain states. You should send your complaint to the appropriate OCR Regional Office, **based on the region where the alleged discrimination took place**. Use the [OCR Regions list](#) at the end of this Fact Sheet, or you can look at the [regional office map](#) to help you determine where to send your complaint. Complaints should be sent to the attention of the appropriate OCR Regional Manager.

You can submit your complaint in any written format. We recommend that you use the OCR Discrimination Complaint Form which can be found on our web site or at an OCR Regional office. If you prefer, you may submit a written complaint in your own format. Be sure to include the following information in your written complaint:

Your name, full address, home and work telephone numbers, email address.

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

**Provide the basis on which you were discriminated against:
Race/Color/National Origin, Age, Religion, Gender (Male/Female),
Disability, Other (specify)**

Name, full address and phone of the person, agency or organization you believe discriminated against you (or someone else).

Briefly describe what happened. How, why, and when do you believe you (or someone else) were discriminated against?

Any other relevant information.

Please sign your name and date your letter.

The following information is optional:

Do you need special accommodations for us to communicate with you about this complaint?

If we cannot reach you directly, is there someone else we can contact to help us reach you?

Have you filed your complaint somewhere else?

Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 prohibit the alleged discriminating party from taking retaliatory action. You should notify OCR immediately in the event of any retaliatory action.

To submit a complaint with OCR, please use one of the following methods. If you need help filing a complaint or have a question about the complaint form, please call this OCR toll free number: 1-800-368-1019. If you mail or fax the complaint, be sure to follow the instructions above for determining the correct regional office.

Option 1: Open and print out the [Discrimination Complaint Form](#) in PDF format (you will need the free Adobe Reader software) and fill it out. Return the completed complaint to the appropriate OCR Regional Office by mail or fax.

Option 2: Download the [Discrimination Complaint Form](#) in Microsoft Word format to your own computer, fill out and save the form using Microsoft Word. Use the Tab and Shift/Tab on your keyboard to move from field to field in the form. Then, you can either: (a) print the completed form and mail or fax it to the appropriate OCR Regional Office; or (b) email the form to OCR at OCRComplaint@hhs.gov.

Option 3: If you choose not to use the OCR-provided Discrimination Complaint Form (although we recommend that you do), please provide the information specified above and either: (a) send a letter or fax to the appropriate OCR Regional Office; or (b) send an email to OCR at OCRComplaint@hhs.gov.

If you require an answer regarding a general civil rights question, you may call OCR (toll-free) at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD). You may also send an email to OCRMail@hhs.gov.

Website: <http://www.hhs.gov/ocr>

OCR Regional Addresses	
<p>Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights U.S. Department of Health & Human Services JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX</p>	<p>Region VI - AR, LA, NM, OK, TX Office for Civil Rights U.S. Department of Health & Human Services 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX</p>
<p>Region II - NJ, NY, PR, VI Office for Civil Rights U.S. Department of Health & Human Services 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX</p>	<p>Region VII - IA, KS, MO, NE Office for Civil Rights U.S. Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7278; (816) 426-7065 (TDD) (816) 426-3686 FAX</p>
<p>Region III - DE, DC, MD, PA,</p>	<p>Region VIII - CO, MT, ND, SD, UT, WY</p>

<p>VA, WV Office for Civil Rights U.S. Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX</p>	<p>Office for Civil Rights U.S. Department of Health & Human Services 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX</p>
<p>Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights U.S. Department of Health & Human Services 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX</p>	<p>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions Office for Civil Rights U.S. Department of Health & Human Services 50 United Nations Plaza - Room 322 San Francisco, CA 94102 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX</p>
<p>Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights U.S. Department of Health & Human Services 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX</p>	<p>Region X - AK, ID, OR, WA Office for Civil Rights U.S. Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX</p>