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## NON-DISCRIMINATION STATEMENT

NAME	DATE
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It is the policy of this office to provide services to all persons without regard to race, color, national origin, religion, sex, age or disability. No person shall be excluded from participation in, or be denied the benefits of any service, or be subject to discrimination because of race, color, origin, relation, sex, age or disability.

## COMPLAINT PROCEDURE

If you believe you have been denied a benefit of service because of your race, color, national origin, religion, sex, age or disability, you may file a COMPLAINT of DISCRIMINATION with the Office of Facility Administrator, either verbally or in writing.

If you choose to file your complaint in writing, please include your name, address, telephone number and a brief description of what occurred which led you to believe you were discriminated against. Understand that this office does not discriminate against any person for any reason shown below. I have read or have had read to me the statement below & understand my rights.  
In this way the appropriate person may respond to your complaint.

You may file a Complaint of Discrimination by contacting either of the external agencies listed below.

Department of Social Services  
Office of Civil Rights

Department of Health & Human  
Services  
Office of Civil Rights

- NOTICE -

This document is being provided to any person who has expressed concern about their rights.