

# NONDISCRIMINATION NOTIFICATION

## **1. HHS NONDISCRIMINATION NOTICE FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICANT COMMUNICATIONS:**

### **Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement in U.S. Health & Human Services Funded Programs and Activities.**

**Village of Caledonia/Central Racine County Health Department** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **Village of Caledonia/Central Racine County Health Department** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### **Village of Caledonia/Central Racine County Health Department:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **Toni Muise**.

If you believe that **Village of Caledonia/Central Racine County Health Department** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Toni Muise, Human Resources Director/Assistant Administrator, 5043 Chester Lane, Racine WI 53402, 262-835-6412 (phone), 262-835-6405 (fax), TDD 800-947-3529, tmuise@caledoniawi.com**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Toni Muise** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services free of charge are available to you. Call 1-877-261-6608 ID#531109 (TDD 800-947-3529).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-261-6608 ID#531109 (TDD 800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-261-6608 ID#531109 (TDD 800-947-3529).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-261-6608 ID#531109 (TDD 800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-261-6608 ID#531109 (TDD 800-947-3529)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-261-6608 ID#531109 (TDD 800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-261-6608 ID#531109 (TDD 800-947-3529). 번으로 전화해 주십시오.

مقر ( 1-877-261-6608 مقر ل صتا . ن اجملاب كذا رفاوتت تيوغلا قءعاسملا تامدخ نإف ،ةغلا ركذا ثدحتت تنك اذا :تظوحلم مكبلاو مصلا فتاه: 80094735291).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-261-6608 ID#531109 (TDD 800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-261-6608 ID#531109 (TDD 800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-xxx-xxx-xxxx 1-877-261-6608 ID#531109 (TDD 800-947-3529).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-261-6608 ID#531109 (TDD 800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-261-6608 ID#531109 (TDD 800-947-3529).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-261-6608 ID#531109 (TDD 800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-261-6608 ID#531109 (TDD 800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-261-6608 ID#531109 (TDD 800-947-3529). पर कॉल करें।

## **2. HHS NONDISCRIMINATION STATEMENT FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICATION COMMUNICATIONS THAT ARE SMALL-SIZE:**

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