

健康與人員服務部

民權辦事處 (OCR)



表格批准號: OMB No. 0990-0269.

歧視投訴表

	如果您對本表有疑问,請致 1-800-368-1019 (任何語言) 或		
名		姓	
家庭電話		工作電話	
りません		城市	
지보기			7次日
М	郵遞區號	電子郵件地址 (如有)	
您是爲他人提交這一投訴嗎?	□ 是 □ □	Fig. 1	
	如爲是,您認爲受		
名		姓	
我認爲我(或他人) 因下面的原因而受 一	_		
■ 種族 / 膚色r / 國籍	□ 年齢 □ 宗教		性別 <i>(男/女</i>)
登 疾	其他 <i>(請註明</i>):		
您認爲什麼人歧視您(或他人)?			
個人/機構/組織			
			城市
2).E-C-IL			and In
M	郵遞區號	電話	
		()	
您認爲這一歧視是什麼時候發生的?			
列出日期			
簡 単叙延發生了什麼爭情。 如何以及 <i>(如需要可加另頁)</i>	爲什麼您認爲您(或他人)受到了歧視	?請儘 量具體描述。	
請簽署本投訴書並加註日期。			
簽字			日期

向民權辦事處提交投訴屬自願行為。但是,如果沒有上面要求的資訊,民權辦事處可能無法處理您的投訴。我們根據 1964 年民權法第六款,1973 年恢復權利法第 504 節以及其他民權法令的授權收集這一資訊。我們將利用您提供的資訊來決定我們對您的投訴是否具有管轄權,以及如果有管轄權的話,決定如何處理您的投訴。本表上提交的資訊將予以保密,並受到 1974 年隱私法條款的保護。姓名和其他關於個人的識別資訊僅在可能的歧視調查,內部系統運作,日常使用,包括因與遵守民權法有關的目的而向健康與人員服務部外部披露資訊等需要的場合以及法律允許的情況下,才會披露。從健康與人員服務部接受聯邦資助者如果因爲您提交此投訴書或採取任何其他行動保護聯邦民權法令所賦予您的權利而對您進行恐嚇,威脅,脅迫或歧視,報復,均屬違法行爲。您並不必須使用本表。您也可以寫一封信或以電子方式提交一份具有同樣內容的投訴書。如要提交一份電子投訴書,請去往我們的網站:www.hhs.gov/ocr/discrimhowtofile.html。如要郵寄投訴書,請參閱本頁背面民權辦事處各地區辦事處的地址。

(本表餘下的資訊是選擇性的。 不回答這些自願回答的問題不會影響民權辦事處對處理您的投訴的裁定。)						
關於這一投訴,您需要提供特殊的安 □ 盲文 □ 大字印刷體		以 選所有適用的項目)? □ 電腦軟盤	□電子郵件	■聾啞人電話		
□ 手語譯員 <i>(請指明語言</i>):			_			
			其他:			
如果我們不能直接找到您,是否有別人我們可以聯絡以便找到您?						
名		姓				
家庭電話		工作電話				
()		()				
街道地址		·	城市			
州	郵遞區號	電子郵件地址 (如有)				
您有沒有向其他機構提交這一投訴?如提交了,請提供以下資訊。(視需要附加另頁。) 個人/機構/組織/法院名稱						
The country		Later results and a second				
提交日期		案件編號 (如知道)				
「	■ 一 美洲印地安人或阿拉斯加土著	□ 亞裔	□夏威夷土著或其他太	平洋島嶼人		
□非西班牙裔或拉丁美洲人	□黒人或非裔美國人	□白人	□ 其他 <i>(請註明</i>):			
所講的主要語言 (如不是英語)		您是如何了解到民權制	等事處的?			

如郵寄投訴書,請打字或用大鞋子幕書寫,並將填寫好的投訴書根據指稱的歧視發生的地點寄到管轄該區的地區民權辦事處的地址。

一區 - CT, ME, MA, NH, RI, VT	五區 - IL, IN, MI, MN, OH, WI	九區 - AZ, CA, HI, NV, AS, GU,
Office for Civil Rights	Office for Civil Rights	The U.S. Affiliated Pacific Island Jurisdictions
Department of Health & Human Services	Department of Health & Human Services	Office for Civil Rights
JFK Federal Building - Room 1875	233 N. Michigan Ave -Suite 240	Department of Health & Human Services
Boston, MA 02203	Chicago, IL 60601	90 7th Street, Suite 4-100
(617) 565-1340; (617) 565-1343 (聾啞人電話)	(312) 886-2359; (312) 353-5693 (聾啞人電話)	San Francisco, CA 94103
(617) 565-3809 傳真	(312) 886-1807 傳真	(415) 437-8310; (415) 437-8311 (聾啞人電話)
二區 - NJ, NY, PR, VI	六區 - AR, LA, NM, OK, TX	(415) 437-8329 傳真
Office for Civil Rights	Office for Civil Rights	
Department of Health & Human Services	Department of Health & Human Services	
26 Federal Plaza - Suite 3313	1301 Young Street - Suite 1169	
New York, NY 10278	Dallas, TX 75202	
(212) 264-3313; (212) 264-2355 (聾啞人電話)	(214) 767-4056; (214) 767-8940 (聾啞人電話)	
(212) 264-3039 傳真	(214) 767-0432 傳真	
三區 - DE, DC, MD, PA, VA, WV	七區 - IA, KS, MO, NE	十區 - AK, ID, OR, WA
, , , ,	/ / /	, — , , ,
Office for Civil Rights	Office for Civil Rights	Office for Civil Rights
, , , ,	/ / /	, — , , ,
Office for Civil Rights Department of Health & Human Services	Office for Civil Rights Department of Health & Human Services	Office for Civil Rights Department of Health & Human Services
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (聾啞人電話) (215) 861-4431 傳真	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (聾啞人電話)	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (聾啞人電話)
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (聾啞人電話)	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (聾啞人電話) (816) 426-3686 傳真	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (聾啞人電話)
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (聾啞人電話) (215) 861-4431 傳真	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (聾啞人電話) (816) 426-3686 傳真	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (聾啞人電話)
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (聾啞人電話) (215) 861-4431 傳真 四區 - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (聾啞人電話) (816) 426-3686 傳真 / 區 - CO, MT, ND, SD, UT, WY Office for Civil Rights	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (聾啞人電話)
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (聾啞人電話) (215) 861-4431 傳真 四區 - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights Department of Health & Human Services	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (聾啞人電話) (816) 426-3686 傳真 / 區 - CO, MT, ND, SD, UT, WY Office for Civil Rights Department of Health & Human Services	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (聾啞人電話)
Office for Civil Rights Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (聾啞人電話) (215) 861-4431 傳真 四區 - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights Department of Health & Human Services 61 Forsyth Street, SW Suite 3B70	Office for Civil Rights Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (聾啞人電話) (816) 426-3686 傳真 / 區 - CO, MT, ND, SD, UT, WY Office for Civil Rights Department of Health & Human Services 1961 Stout Street - Room 1426	Office for Civil Rights Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (聾啞人電話)

負擔聲明

收集本投訴書上資訊的公眾報導負擔估計爲每份回應45分鐘,包括閱讀說明,收集所需的資料,輸入資料以及填好後審查投訴書的時間。除非資料收集表上顯示一個有效的控制編號,否則,任何機構不得進行或贊助資訊收集活動,也不要求個人作出回應。有關該估計負擔或本次資訊收集之任何其他方面的意見,包括減輕這一負擔的建議,請寄至:HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave., S.W., Room 531H, Washington, D.C. 20201