



## NONDISCRIMINATION NOTIFICATION & LEP RESOURCES

Inclusa complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint.

Inclusa:

- 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:

Member Relations, 2801 Hoover Rd., Unit 3, Stevens Point WI 54481, call: 1-877-622-6700, [TTY: 1-715-204-1799), email: [MemberRelations@inclusa.org](mailto:MemberRelations@inclusa.org)

### FILING A GRIEVANCE

If you believe that Inclusa has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint, please contact Member Relations at:

Member Relations, 2801 Hoover Rd., Unit 3, Stevens Point WI 54481, call: 1-877-622-6700, [TTY: 1-715-204-1799), email: [MemberRelations@inclusa.org](mailto:MemberRelations@inclusa.org)

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 OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
800-368-1019 (Voice), 800-537-7697 (TTY)  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) , website: <https://www.hhs.gov/civil-rights>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



ATTENTION: If you speak (language), language assistance services are available to you free of charge. Call 1-877-622-6700 (TTY: 1-715-204-1799).

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-877-622-6700 (TTY: 1-715-204-1799).

CEEБ TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-877-622-6700 (TTY: 1-715-204-1799).

注意：如果您说中文，您可获得免费的语言协助服务。请致电1-877-622-6700 (TTY 文字电话 : 1-715-204-1799)。

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-877-622-6700 (TTY: 1-715-204-1799).

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-877-622-6700 (TTY: 1-715-204-1799).

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-877-622-6700 (TTY: 1-715-204-1799).

ကျေးဇူးပြု၍ နားဆင်ပါ - သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊

သင့်အတွက် အခမဲ့ဖြင့် ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။

1-877-622-6700 (TTY: 1-715-204-1799)

တွင် ဖုန်းခေါ်ဆိုပါ။

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم

(هاتف نصي : 1-715-204-1799 : 1-877-622-6700).

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-877-622-6700 (telefon za gluhe: 1-715-204-1799)