

ROBERT C. BYRD CLINIC NONDISCRIMINATION STATEMENT

DISCRIMINATION IS AGAINST THE LAW

The Robert C. Byrd Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Robert C. Byrd Clinic does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Robert C. Byrd Clinic 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)
- 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 Robert C. Byrd Clinic Administration.

If you believe that Robert C. Byrd Clinic 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 written grievance with: Robert C. Byrd Clinic Attention Administration, 1464 Jefferson St North, Lewisburg, WV 24901, Phone: 304-645-3220, Fax: 304-793-2491. You can file a written grievance in person or by mail, fax, or email. If you need help filing a grievance, such as language assistance, RCBC Administration is available to help you. Written grievances must be submitted within 60 days of when you knew that the act or omission complained of occurred and must include the following information:

- Your name
- Complete address
- Telephone numbers (include area code)
- Email address (if available)
- Name of the person you believe discriminated against you
- Brief description of what happened, including how, why, and when you believe your (or someone else's) civil rights were violated
- Additional relevant information that might help when reviewing your complaint
- The name of the person on whose behalf you are filing if you are filing a complaint for someone else
- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- Your signature and date

Upon receipt of your written grievance, Robert C. Byrd Clinic will initiate the investigation process. Information about the grievance will be kept confidential, and a written decision will be issued within 30 days. Robert C. Byrd Clinic will not retaliate against anyone who files a complaint, participates in a grievance investigation, or opposes discrimination.

You also have the right to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), 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>. Complaints must 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."

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-870-5822.

اناجمل اب كل رفاوتت ةيوغلل ادعاسمل ا تامدخ نإف ؁ ةغلل ركذا ثدحتت تنك اذا : ةطو حلم مقرب لصتا 870-5822-رقم 008