

DeKalb County Health Department
Notice of Non-Discrimination
October 14, 2016

The **DeKalb 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. The **DeKalb County Health Department** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The DeKalb County Health Department:

Provides free aids and services to people with disabilities to communicate effectively with us, such as

- Qualified sign language interpreters (arranged by appointment)
- 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 **Annie Tripicchio, Administrative Assistant, at (815)748-2468.**

If you believe that the **DeKalb 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 **Lisa Gonzalez, Public Health Administrator, DeKalb County Health Department, 2500 N. Annie Glidden Road, DeKalb, Illinois 60115; (815) 748-2429; lgonzalez@dekalbcounty.org; or via fax at (815) 748-2485.** You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Lisa Gonzalez, Public Health Administrator,** 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, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Notice of Non-Discrimination
October 14, 2016

ख्यान दखः यखद आप खहदी बोलते ह खतो आपके िलए मुखत मख भाषा सहायता सेवाएं उपलखध ह। 1-877-696-6775 पर कॉल करख।

Π Ρ Ο Σ Ο Χ Η: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-696-6775

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-696-6775

ໂບດຊາບ: ັຖາວ່າ ອ່ທານ ື້ວາພາສາ ລາວ, ການບໍ ືລການຊ່ ວຍເຫືືອ ອດ້ ານພາສາ, ໂດຍບໍ ັ້ເສຍຄ່ າ, ແມ່ ືນມ ັ້ພອມໃຫ້ ອ່ທານ. ໂທຣ 1-877-696-6775

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-696-6775

เรี ยน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-696-6775