

## CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

In accordance with applicable Federal and State Civil Rights laws and regulatory requirement, you as client of this agency, have the right.

To be provided services at the agency, and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.

To file a complaint of discrimination if you feel your have been discriminated against on the basis of your race, color religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filled with any of the following:

### Provider's Name & Address:

**Office for Civil Rights**  
U.S. Department of Health  
Suite 372, Public Ledger Bldg  
150 S. Independence Mall West  
Philadelphia, PA 10106-9111

**Pennsylvania Human Relations Commission**  
Philadelphia Regional Office  
110 North 8<sup>th</sup> Street, Suite 501  
Philadelphia, PA 19107

**Commonwealth Of Pennsylvania**  
DPW Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

**Department of Public Welfare**  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
P.O. Box 2676  
Harrisburg, PA 17105

**American with Disabilities Act Director**  
Governors Office  
Room 238 Main Capitol  
Harrisburg, PA 17120

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date