

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 8th 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