



**CIVIL RIGHTS COMPLAINT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 LEGAL DIVISION  
 SFN 143 (1-2023)

Individual or Organization Against Whom the Complaint is Made

Basis of the Discrimination (check all that apply)

Race   
  Age   
  Disability   
  Religion   
  National Origin   
  Political Beliefs+  
 Color   
  Sex   
  Sexual Orientation   
  Gender Identity   
  Status with Respect to Marriage or Public Assistance

Reason for Complaint - Describe in detail when, where, and how the alleged discrimination occurred.

Signature (If electronically submitted, a typed name is considered a signature)		Date	
Name		Telephone Number	
Address	City	State	ZIP Code

Send to: Department of Health and Human Services  
 Legal Division  
 600 E Boulevard Ave Dept 325  
 Bismarck, ND 58505-0250  
 (701) 328-2311 TTY 711 FAX: (701) 328-2173

## DEPARTMENT OF HEALTH AND HUMAN SERVICES YOUR CIVIL RIGHTS

### What is the policy of the Department of Health and Human Services (HHS)?

Discrimination means treating someone differently because of a particular characteristic such as race, color, sex, gender identity, sexual orientation, age, disability, or religion. HHS makes available all services and assistance without regard to race, color, sex, gender identity, sexual orientation, age, disability, national origin, religion, status with respect to marriage or public assistance. For programs funded by the U.S. Department of Agriculture (USDA), HHS also makes services and assistance available without regard to political beliefs. These laws must be followed by all individuals who contract with or receive funds to provide services for HHS, including the states regional Human Service Centers, the State Hospital, the Life Skills and Transition Center, and the Human Service Zone offices.

The policies of HHS require that:

- You be given the chance to apply for assistance or services, or both.
- The same eligibility standards apply to you as apply to others in similar situations.

In accordance with Federal law, the U.S. Department of Health and Human Services (US HHS) policy, and North Dakota state law, HHS is prohibited from discriminating on the basis of race, color, sex, including gender identity and sexual orientation, age, disability, national origin, religion, or status with respect to marriage or public assistance. In accordance with the USDA, HHS is also prohibited from discriminating against political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

### What do I do if someone has discriminated against me?

You may file a written complaint if you believe you have been discriminated against because of race, color, sex, gender identity, sexual orientation, age, disability, national origin, religion, or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Americans with Disabilities Act, and the North Dakota Human Rights Act, or if you believe you have been discriminated against because of your political beliefs, in violation of USDA policy.

### A Civil Rights Complaint Form (SFN 143) is also available in a PDF fillable format at:

<https://www.nd.gov/eforms/Doc/sfn00143.pdf>

The Civil Rights Attorney and Civil Rights Officer work together to prevent and eliminate discrimination against individuals in the delivery of programs and services administered and supervised by HHS and to make all programs and activities accessible to people with disabilities.

### Where do I file a complaint?

Persons who need accommodations or have questions related to discrimination and the delivery of human services may contact any of the following offices. Written complaints may be filed with your local Human Service Zone or any of the following:

Department of Health and Human Services Legal Division 600 E. Boulevard Ave, Dept 325 Bismarck, ND 58505-0250 (701) 328-2311 TTY 711 FAX: (701) 328-2173 Email: dhslau@nd.gov	*Centralized Case Management Operations U.S. Department of Health & Human Services 200 Independence Avenue SW Room 509F HHH Bldg Washington, DC 20201 1-800-368-1019 TTY 1-800-537-7697 FAX: (202) 619-3437 Email: ocrcomplaint@hhs.gov
*U.S. Department of Health & Human Services Office for Civil Rights, Region VIII 1961 Stout Street, Room 1185 Denver, CO 80294-3538 1-800-368-1019 TDD 1-800-537-7697 FAX: (202) 619-3818 Email: ocrcomplaint@hhs.gov	* + U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, STOP 9410 Washington, DC 20250-9410 1-866-632-9992 TTY 1-800-877-8339 FAX: (202) 690-7442 Email: program.intake@usda.gov

\*State and local agencies are required to comply with the North Dakota Human Rights Laws that prohibit discrimination based on "status with respect to marriage or public assistance." Federal agencies are not required to investigate complaints based on the North Dakota Human Rights Laws.

+ Under USDA policy, discrimination is also prohibited on the basis of political beliefs.

### When should I file a complaint?

The complaint must be filed within 180 days of the incident. Include in your complaint the nature of the discrimination, where and when it took place, who discriminated against you, and all other important facts. Remember to date the form and sign your name.

### What happens when I file a complaint with the HHS Civil Rights Office?

The HHS Civil Rights Office will determine if the nature of the complaint is within its jurisdiction. If the complaint is within the jurisdiction of the agency, an investigation will be conducted, and you will know the outcome of the complaint within 60 business days of when it was filed. If the complaint is not within the jurisdiction of the agency, you will receive a letter. If you file your complaint with another agency, they will notify you according to their policies.