

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
CIVIL RIGHTS COMPLAINT PROCEDURES

Updated: November 18, 2022

I. Purpose

The North Carolina Department of Health and Human Services (“NCDHHS” or “the Department”) developed this procedure in compliance with all federal laws and regulations¹ prohibiting discrimination on the basis of **race, color, national origin, disability, age, sex (including gender identity and sexual orientation), religious creed, political beliefs, or reprisal or retaliation for prior civil rights activity** in any public assistance program or activity that receives funding from federal sources, specifically including the U.S. Department of Health and Human Services (“HHS”) and the U.S. Department of Agriculture (“USDA”).² Additionally, State law prohibits discrimination on the basis of race, color, ethnicity, national origin, disability, age, sex (including pregnancy, sexual orientation, gender identity and gender expression), religion, and National Guard or veteran status in the provision of State services.³

NCDHHS has adopted the following procedures to provide for the prompt and equitable resolution of complaints against a division or office within the Department, a local social services or public assistance agency administering the Department’s programs, or an NC Medicaid provider alleging an act of discrimination on one or more of the bases described above. This document sets out the procedures for filing and processing discrimination or retaliation complaints with either or both a federal agency and with the Department.

II. Right to File a Complaint

Any person, or that person’s authorized representative, alleging discrimination based on a prohibited basis has the right to file a complaint with the appropriate federal agency or the Department within 180 days of the alleged discriminatory action. Only the Secretary of each applicable federal agency may extend this time under special circumstances. The complainant must be advised of confidentiality and Privacy Act of 1974 applications. The complaint does

¹ Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d (“Title VI”), Title IX of the Education Amendments of 1972, 20 U.S.C. 1681 *et seq.*, (“Title IX”), Section 504 of the Rehabilitation Act of 1973, as amended, 29 USC § 794 (“Section 504”), Title II and Title III of the Americans with Disabilities Act of 1990 (“ADA”) and the ADA Amendments Act of 2008, 42 U.S.C. § 12101 *et seq.*, the Age Discrimination Act of 1975, 42 USC § 6101 *et seq.*, (“Age Act”), the Food and Nutrition Act of 2008, as amended, Supplemental Nutrition Assistance Program (SNAP), 7 USC § 2011 *et seq.*, Section 1557 of the Patient and Affordable Care Act (ACA) of 2010 [42 U.S.C. § 18116(a)].

² Not all protected bases listed apply to all HHS and USDA programs and activities.

³State of North Carolina, Executive Order No. 24 – Policies Prohibiting Discrimination, Harassment, and Retaliation in State Employment, Services, and Contracts Under the Jurisdiction of the Office of the Governor.” <https://governor.nc.gov/media/397/open>

not need to be written or signed if it is submitted in an alternate format to accommodate the complaint filing needs of a person who has a Limited English Proficiency (LEP), a disability, or other special need. Anonymous complaints are handled as any other complaint to the extent feasible based on available information.

Complainants must be notified that they can file a discrimination complaint with NCDHHS, with an overseeing federal agency, or both at the same time. NCDHHS operates programs which receive federal funding from both the U.S. Department of Health and Human Services (“HHS”) and the United States Department of Agriculture (“USDA”).

If you are unsure about which federal agency is the appropriate agency to receive your complaint, you may contact the NCDHHS Compliance Attorney to obtain a list of which programs fall under each federal oversight agency.

To file a Civil Rights complaint with NCDHHS, Complainants can contact or send a complaint form to the following:

DHHS Compliance Attorney
Office of General Counsel
2001 Mail Service Center
Raleigh, NC 27699-2001
T: 919-855-4800
Email: julie.cronin@dhhs.nc.gov

To file a Civil Rights complaint with HHS, complainants can contact HHS at:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: OCRComplaint@hhs.gov

The complaint process for submission directly to US HHS can be found here: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>.

To file a Civil Rights complaint with the USDA, complainants can contact the USDA at:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Email: program.intake@usda.gov
Fax: (833) 256-1665 or (202) 690-7442

The complaint process for submission directly to the USDA can be found here:

- ENGLISH: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>
- SPANISH: <https://fns-prod.azureedge.us/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>

Staff must offer free language assistance services (i.e. qualified interpreter and/or a translated complaint form) for complainants who are limited English proficient and auxiliary aids and services and reasonable modifications for individuals with disabilities who need assistance filing a complaint.

If the complainant or their representative require assistance to prepare the complaint, whether due to disability, language assistance or other special need, the Department or designated Civil Rights Coordinator must provide such assistance upon request. You may contact the NCDHHS Compliance Attorney, Julie Cronin, at: Office of General Counsel, 101 Blair Drive, Raleigh, NC 27603, (919)855-4800, or julie.cronin@dhhs.nc.gov.

III. Discrimination Complaint Content and Form

Complainants may use the attached complaint form when filing a complaint with NCDHHS. Whether a written or an oral complaint, the complainant should provide their name, contact information, and a description of the alleged discriminatory action in enough detail to inform NCDHHS about the nature of the alleged Civil Rights violation. For example, NCDHHS should obtain the following information:

- Name, address, and telephone number (and email address if available) of the person who believes they have been discriminated against.
- If applicable, name and contact information for a representative who files on behalf of the affected party, including the relationship to the affected party.
- Date(s) on which the adverse action(s) occurred.
- If applicable, the name of federal, state, or local agency or court with which the complainant also filed a complaint about the specific incident.
- Sufficient detail to identify the division or office and program of NCDHHS and against which the complainant is making a claim.
- Detailed description of the discriminatory action, including as much background information as possible about the alleged acts of discrimination, the protected bases on which discrimination allegedly occurred, the names of individuals and witnesses if known, as well as any other information that may be relevant to the claim.
- Complainant or their authorized representative's signature, unless the complaint is submitted in an alternate format to accommodate the complaint filing needs of a person who has a Limited English Proficiency (LEP), a disability, or other special need.

The NCDHHS form for filing a complaint is attached to the end of this document. Additionally, the form can be requested from the NCDHHS Compliance Attorney and is available online at: [\[CLICK HERE\]](#)

Complainants are not required to use this form; however, all complaints must include the required information listed above. Please note that the Department will only process complaints involving a division or office within the Department, a local social services or public assistance agency administering the Department's programs, or an NC Medicaid provider.

IV. USDA Programs: Complaints Processing

Complaints filed against any USDA program or activity administered by Divisions and Offices of the NCDHHS must be handled in accordance with *FNS Instruction 113-1 Instruction Civil Rights Compliance and Enforcement – Nutrition Programs and Activities*, November 8, 2005 at: <https://www.fns.usda.gov/fns-instruction-113-1> and the *FNS State Agency Complaints Processing Memorandum of Understanding* (September 19, 2016). This includes complaints filed in the following programs: Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Child and Adult Care Food Program (CACFP), Farmers Market Nutrition Program (FMNP) and Senior Farmer Market Nutrition Program (SFMNP). NCDHHS must:

1. WIC, CACFP, FMNP and SFMNP:

- a. Upon receipt of a complaint, NCDHHS must forward all complaints filed against WIC, CACFP, FMNP, and SFMNP to the FNS Regional Civil Rights Officer within five (5) calendar days of receipt.
- b. DHHS will not investigate these complaints.

2. SNAP:

- a. Notify the FNS Regional Civil Rights Officer when a Civil Rights complaint is filed in SNAP within five (5) calendar days of receipt.
- b. For SNAP complaints, provide complainant with written acknowledgement that the state agency has received the complaint **within five (5) calendar days of receipt**.
- c. Investigate and resolve SNAP complaints filed against DHHS within 90 days of receipt. Forward draft decision letters and investigative reports that summarize the actions taken to investigate a SNAP complaint to the FNS Regional Civil Rights Officer for review and concurrence *prior* to issuing the final decision letter to the complainant.
- d. Include the following appeal language in all decisions issued by DHHS unless a modification is necessary to provide notice in an accessible format to the complainant:

If you disagree with this decision, you may appeal to the Office of the Assistant Secretary for Civil Rights at the U.S. Department of Agriculture. You must do so within 90 days of receiving this letter. To appeal this decision, write to:

**U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights,
Stop 9430
1400 Independence Avenue, S.W.
Room 212-A Whitten Building
Washington, D.C., 20250**

- e. Maintain a copy of any correspondence regarding the complaint for at least four (4) years after the date the DHHS is notified that the complaint is closed.
- f. Keep discrimination complaints separate and confidential from program complaints and only accessible by authorized personnel. The complaint casefile must record, at a minimum, complainant(s) name, contact information, date filed, name and location (including county) of programs involved, basis of alleged discrimination, and complaint status or a date and description of the final disposition of the complaint.
- g. Maintain a record of any actions taken to resolve the complaint in the case file, including dates and names of participants in the conversation, issues of concern, and related correspondence. Complaints may be voluntarily resolved at any point in the process. Provide the FNS Regional Civil Rights Officer with signed copies of all settlements and resolution agreements within 30 days of the date on which the agreement was signed. And, maintain copies of all settlement agreements in the case file.

3. USDA Age-based Complaints:

- a. Forward complaints that allege discrimination on the basis of age, even if other bases are alleged, to the FNS Civil Rights Regional Officer within five (5) business days of receipt.
- b. FNS will refer the complaint to the Federal Mediation and Conciliation Service (FMCS) for mediation.
- c. DHHS must participate in good faith in the FMCS mediation process.

V. Non-USDA Programs: Complaint, Investigation and Determination

1. Initial Complaint and Determination

Upon receipt of a complaint, the DHHS Compliance Attorney will forward the complaint, within two (2) business days, to the Civil Rights/ADA Coordinator in the appropriate Division or Office within DHHS. Within thirty (30) calendar days of receipt of a complaint, the designated Civil Rights/ADA Coordinator shall send written notification to the complainant of the Department's determination as to the validity of the complaint and a description of the resolution, if any. If the determination will be issued to the complainant more than thirty (30) calendar days after receipt of the complaint, notice to the complainant shall be made as soon as reasonably practicable.

To the extent practicable, the Department's **internal procedure** will consist of the following:

- a. Upon receipt, a complaint will be logged into the Department's database, maintained by the DHHS Compliance Attorney.
- b. Within two (2) business days of receipt, the complaint will be assigned to the appropriate Civil Rights Coordinator. **The Coordinator will send a letter to the complainant acknowledging receipt of the complaint.** The Coordinator will send a copy of the acknowledgement letter to any DHHS employee individually identified in the complaint. A template acknowledgement letter can be found below.
- c. As soon as practicable, the Coordinator will meet with relevant Department personnel to discuss the nature of the complaint and investigate the complaint. The investigation must afford all interested people and/or their representatives, if any, an opportunity to submit evidence relevant to the complaint. If a complainant makes allegations against a Section Chief or Division Director, the Coordinator shall consult with the Office of General Counsel to establish the most appropriate procedures for investigating the complaint and making any determinations relevant to the complaint.
- d. As deemed appropriate in each case and at any point during the investigation, the Coordinator may consult with the Civil Rights Compliance Attorney or the Office of General Counsel.
- e. Within twenty (20) calendar days of initial receipt of the complaint, the Coordinator will send proposed findings and recommendations to the Civil Rights Compliance Attorney and the Office of General Counsel. The Coordinator will not send the proposed findings and recommendations to the Division Director as the Division Director should remain firewalled from the investigation and decisionmaking in the event reconsideration or appeal is requested.

- f. As deemed appropriate in each case, the Coordinator and the Civil Rights Compliance Attorney may review and/or revise the Section Chief's or designee's proposed findings and recommendations.
- g. Within thirty (30) calendar days of the initial receipt of a complaint, and following the steps specified above, the Coordinator will send a determination letter to the complainant. The letter must state determination as to the validity of the complaint and a description of the resolution, if any. The determination letter must be sent by trackable mail. The determination letter must notify the complainant of the following:
 - o If the complainant has a disability that renders a different form of communication necessary, e.g., non-written communication, then upon request the Coordinator must make reasonable efforts to effectively communicate the determination to the complainant, including securing any reasonably necessary auxiliary communication aids or interpreters.
 - o Except for SNAP complaints (as set forth in II.A.3., above), if the complainant is dissatisfied with the determination, they may request reconsideration of the determination by the Division Director. A request for reconsideration shall be filed within thirty (30) days after the complainant receives the Department's determination. The determination letter shall identify the name and contact information for the appropriate Division Director.
 - o A Reconsideration Request form must be attached to or enclosed with the Department's determination letter. The Reconsideration Request form can be found here: [CLICK HERE](#)
- h. The Coordinator must send a copy of the Department's determination letter to any DHHS employee that was individually identified in the original complaint. The notification shall be sent by trackable mail.
- i. If warranted by extenuating circumstances or good cause, the Coordinator may extend the thirty (30) day time period to send notice of the Department's determination of the validity of the complaint and a description of the resolution, if any, provided that the Department shall send the required notice within a reasonable time as provided by federal law.

2. Reconsideration of Department's Determination

If a complainant is dissatisfied with the Department's determination, they may request a reconsideration by the Division Director. A request for reconsideration must be received by the Division Director within thirty (30) calendar days after the complainant receives the Department's written determination, or within thirty (30) calendar days after they receive the determination if it was communicated by other means.

A request for reconsideration shall be submitted to the appropriate Division Director using the Reconsideration Request form that will be enclosed with the written determination. The Reconsideration Request form can also be found here: [\[CLICK HERE\]](#). Completed requests for reconsideration should be mailed to the Division Director whose contact information must be included in correspondence to the Complainant.

The Division Director, or a designee, will issue a written determination to a request for reconsideration within thirty (30) calendar days after the Department receives a timely request for reconsideration. The Division Director also shall send the determination to any DHHS employee individually identified in the original complaint or identified during the investigation of the complaint. The determination will be sent by trackable mail. The Division Director shall also forward a copy of the determination to the Division Civil Rights/ADA Coordinator, the Civil Rights Compliance Attorney and the Office of General Counsel.

If the complainant has a disability that renders a different form of communication necessary, e.g., non-written communication, or requires communication assistance due to literacy levels or is in an individual with limited English proficiency (LEP), then upon request the Coordinator shall make reasonable efforts to effectively communicate the outcome of the reconsideration to the complainant, including securing any reasonably necessary auxiliary communication aids or interpreters.

3. Records

The Department will maintain records of the complaints, investigations and resolutions as required by its approved record retention schedule. Additionally, in cooperation with its federal partners, DHHS will maintain any correspondence regarding a complaint for a least four (4) years after the date the complaint is closed. All Civil Rights complaints must be kept separate from employment and program complaints and only accessible by authorized staff.

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USDA PROGRAMS ONLY

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

CIVIL RIGHTS COMPLAINT FORM

Title VI of the Civil Rights Act of 1964
Title IX of the Education Amendments of 1972
Section 504 Rehabilitation Act of 1973
Age Discrimination Act of 1975
The Food and Nutrition Act of 2008, as amended
Title II and Title III of the Americans with Disabilities Act (ADA) of 1990
Title II and Title III of the ADA Amendments Act of 2008

Please tell us if you need assistance completing this form because you do not speak English or have a disability. Free language assistance and/or other aids and services are available upon request. Please contact the Department’s Compliance Attorney, Julie Cronin, NC DHHS Interim Compliance Attorney, Office of the Secretary, 919-855-4800, julie.cronin@dhhs.nc.gov.

INSTRUCTIONS: Please fill out (PRINT) this form completely and mail to the address listed on page 2.

SECTION 1:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

If someone is filling out this form on your behalf, please indicate that person’s name, address, telephone number and email, below:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SECTION 2: DETAILS OF COMPLAINT

a) DHHS DIVISION/PROGRAM INVOLVED: _____

b) DATE(S) OF ALLEGED VIOLATION(S): _____

c) I believe that I have been (or someone else has been) discriminate against on the basis of (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Political beliefs |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Reprisal/Retaliation for prior |
| <input type="checkbox"/> Sex (including gender identity and sexual orientation) | <input type="checkbox"/> Civil Rights activity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Age | _____ |

d) DESCRIPTION OF ACTIONS YOU BELIEVE ARE PROHIBITED. (Please list names and addresses of people who were involved and who can be contacted to provide information relevant to this complaint. You may attach additional sheets as necessary. Please attach copies of any documents or evidence you would like DHHS to consider when investigating your request.)

e) Have efforts been made to resolve this complaint through other informal means?

yes no

If yes, please specify those means, and provide the status.

f) Have you filed a complaint on this alleged violation with any federal office of civil rights, other agency, or in a court?

_____ yes _____ no.

If yes, please specify the federal agency or court, any complaint or case number, and provide the status of that complaint.

g) Have you previously filed a complaint with regard to this alleged violation with any other state agency?

_____ yes _____ no.

If yes, please provide details and the status of that complaint.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

Mail this form and any supporting information to:

ATTN: DHHS Compliance Attorney
Office of General Counsel
2001 Mail Service Center
Raleigh, NC 27699-2001

If you have a disability that renders a non-written form of communication necessary, the Department or Civil Rights Coordinator upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Interim Compliance Attorney, Julie Cronin, NC DHHS Interim Compliance Attorney, Office of the Secretary, 919-855-4800, julie.cronin@dhhs.nc.gov.

Anyone also can file a discrimination complaint directly with the U.S. Department of Agriculture (USDA). Below is the process to file a complaint with USDA.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Individuals with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

US HHS PROGRAMS ONLY

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

CIVIL RIGHTS COMPLAINT FORM

Title VI of the Civil Rights Act of 1964
Title IX of the Education Amendments of 1972
Section 504 Rehabilitation Act of 1973
Age Discrimination Act of 1975
Section 1557 of the Patient Protection and Affordable Care Act of 2010
Title II and Title II of the Americans with Disabilities Act (ADA) of 1990
Title II and Title III of the ADA Amendments Act of 2008

Please tell us if you need assistance completing this form because you do not speak English or have a disability. Free language assistance and/or other aids and services are available upon request. Please contact the Department’s Compliance Attorney, Julie Cronin, NC DHHS Interim Compliance Attorney, Office of the Secretary, 919-855-4800, julie.cronin@dhhs.nc.gov.

INSTRUCTIONS: Please fill out (PRINT) this form completely and mail to the address listed on page 2.

SECTION 1:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

If someone is filling out this form on your behalf, please indicate that person’s name, address, telephone number and email, below:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SECTION 2: DETAILS OF COMPLAINT

a) DHHS DIVISION/PROGRAM INVOLVED: _____

b) DATE(S) OF ALLEGED VIOLATION(S): _____

c) I believe that I have been (or someone else has been) discriminate against on the basis of (check all that apply):

___ **Race**

___ **Color**

___ **National origin**

___ **Sex (including gender identity, sexual orientation, and pregnancy)**

___ **Disability**

___ **Age**

___ **Religion**

___ **Other (please list):**

d) DESCRIPTION OF ACTIONS YOU BELIEVE ARE PROHIBITED. (Please list names and addresses of individuals who were involved and who can be contacted to provide information relevant to this complaint. You may attach additional sheets as necessary. Please attach copies of any documents or evidence you would like DHHS to consider when investigating your request.)

e) Have efforts been made to resolve this complaint through other informal means?

___ yes ___ no.

If yes, please specify those means, and provide the status.

f) Have you filed a complaint on this alleged violation with any federal office of civil rights, other agency, or in a court?

_____ yes _____ no.

If yes, please specify the federal agency or court, any complaint or case number, and provide the status of that complaint.

g) Have you previously filed a complaint with regard to this alleged violation with any other state agency?

_____ yes _____ no.

If yes, please provide details and the status of that complaint.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

Mail this form and any supporting information to:

ATTN: DHHS Compliance Attorney
Office of General Counsel
2001 Mail Service Center
Raleigh, NC 27699-2001

If you have a disability that renders a non-written form of communication necessary, the Department or Civil Rights Coordinator upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Interim Compliance Attorney, Julie Cronin, NC DHHS Interim Compliance Attorney, Office of the Secretary, 919-855-4800, julie.cronin@dhhs.nc.gov.

**You may also file a discrimination complaint directly with the
U.S. Department of Health and Human Services (US HHS).**

Below is the process to file directly with US HHS:

The U.S. Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

US HHS:

- 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)
- 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 HHS at 1-877-696-6775.

If you believe that HHS 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 the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office for Civil Rights Complaint Portal](#), 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)

This institution is an equal opportunity provider.

NOT FOR USE WITH USDA COMPLAINTS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

CIVIL RIGHTS RECONSIDERATION REQUEST FORM

Title VI of the Civil Rights Act of 1964
Title IX of the Education Amendments Act of 1972
Section 504 Rehabilitation Act of 1973
Age Discrimination Act of 1975
Section 1557 of the Patient Protection and Affordable Care Act of 2010
Title II and Title II of the Americans with Disabilities Act (ADA) of 1990
Title II and Title III of the ADA Amendments Act of 2008

RECONSIDERATION REQUEST FORM

TO: _____
Division Director,
Division of _____

Dear Division Director:

On _____ (date), the Department of Health and Human Services issued its determination of a complaint I submitted based on an alleged civil rights violation.

I am attaching a copy of the Department’s determination letter to this request.

I am dissatisfied with the Department’s determination. I hereby request that a Division Director reconsider the Department’s decision. I hereby request a reconsideration of the written determination as to:

- ___ the validity of the complaint; or
- ___ the resolution.

Please provide any information relating to your request for reconsideration. You may attach additional sheets as necessary.

INSTRUCTIONS: Mail this form and any supporting information to the Civil Rights Coordinator who

REMEMBER: A request for reconsideration must be submitted within thirty (30) days after you have received the Department's written determination, or within thirty (30) days after you receive the determination if it was communicated by other means. A request for reconsideration shall be submitted to the appropriate Division Director using the Reconsideration Request form enclosed with the written determination. Please include a copy of the Department's determination along with this request for reconsideration form.

If you have any questions about the reconsideration review process, please contact the Civil Rights Coordinator who was involved in your complaint process or the DHHS Compliance Attorney, Julie Cronin, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800, julie.cronin@dhhs.nc.gov.

If you have a disability that necessitates another form of communication, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please the Civil Rights Coordinator who was involved in your complaint process or contact the Department's Compliance Attorney, Julie Cronin, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

Attachment A
Civil Rights Coordinators

The following is a list of Civil Rights Coordinators for each Division and Office of DHHS, including contact information:

DHHS Division or Office	Civil Rights Coordinator
Division of Mental Health, Developmental Disabilities and Substance Abuse (DMH/DD/SA)	Glenda Stokes 919-715-3197 glenda.stokes@dhhs.nc.gov
Division of Health Benefits (DHB)	Lavette Young 919-855-4055 lavette.young@dhhs.nc.gov
Division of Vocational Rehabilitation Services (DVR)	Phil Protz 919-855-3567 phil.protz@dhhs.nc.gov
Division of State Operated Healthcare Facilities (DSOHF)	Samantha Fenn 919-855-4714 Samantha.fenn@dhhs.nc.gov
Division of Public Health (DPH)	Virginia Niehaus 919-707-5006 virginia.niehaus@dhhs.nc.gov
Division of Services for the Blind (DSB)	Stephanie Johnson 919-527-6719 stephanie.johnson@dhhs.nc.gov
Disability Determination Services (DDS)	Victoria Perryman 919-814-3370 Victoria.perryman@ssa.gov
Division of Child Care Development and Early Education (DCDEE)	Anna Carter 919-527-6530 anna.carter@dhhs.nc.gov
Division of Services for the Deaf and Hard of Hearing (DSDHH)	Tony Davis 919-814-8887/mobile/text only Tony.davis@dhhs.nc.gov
Division of Aging and Adult Services (DAAS)	John Bowers 919-855-3436 john.bowers@dhhs.nc.gov
Division of Social Services (DSS)	Carlotta Dixon 919-527-6421 carlotta.dixon@dhhs.nc.gov
Division of Health Service Regulation (DHSR)	Amy Sawyer 919-855-3750 amy.sawyer@dhhs.nc.gov
Office of Rural Health	Corey Alford 919-527-6487 corey.alford@dhhs.nc.gov
DHHS General Counsel	Julie Cronin 919-855-4800 Julie.cronin@dhhs.nc.gov