

**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.

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**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](mailto: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: \_\_\_\_\_