

# **Civil Rights Policy and Guidelines**

## **CIVIL RIGHTS POLICY AND GUIDELINES**

The Department of Health reaffirms its policies to afford all individuals, including the disabled, the opportunity to participate in federal financially assisted programs.

Title VI, Section 601, of the Civil Rights Act of 1964 provides that:

“No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Therefore, the Tennessee Department of Health will not, because of race, color, or national origin:

- Deny an individual the opportunity to participate in or benefit from any service, financial aid, opportunity, or other benefit for which he or she is otherwise qualified;
- Provide any individual with service, financial aid or other benefit which is different, or is provided in a different manner from which is provided to others under its programs;
- Subject any individual to segregation or separate treatment in any matter related to individual receipt of service, financial aid or other benefit;
- Restrict an individual in any way in the enjoyment of services, facilities or any other advantage, privilege or benefit provided to others under its programs;
- Treat an individual differently from others in determining whether he or she satisfies any eligibility requirement or other condition which a person must meet in order to receive aid, care, service or any other health service;
- Deny or offer any person an opportunity different from that offered others in any program or service; or
- Deny a person an opportunity to participate as a member of a planning or advisory body which is an integral part of the program.

The approved 2017-2018 Title VI Compliance Plan and Implementation Manual was sent to the Tennessee Human Rights Commission.

The Title VI Compliance Officer is the lead person for coordinating and implementing the policy with the Coordinating Committee.

The Commissioner for the Department of Health has the ultimate responsibility for implementing the Department's policy.

# How to File a Discrimination Complaint with the TN Department of Health, Civil Rights Office

The Department of Health, Civil Rights Compliance, enforces certain Federal Civil Rights Laws that protect the right of all Tennesseans to receive health services without discrimination based on race, color, or national origin. The mission of the Civil Rights Compliance Office is to ensure that emphasis is placed on human dignity and social justice as the Department of Health moves toward the creation of healthier communities. The Civil Rights Compliance Officer is responsible for initiating and monitoring Title VI activities; process and review complaints, and investigate all complaints received in accordance with grievance/complaint procedures.

Discrimination is against the law. This explains your rights to receive services and benefits in programs and activities funded by the Federal government and the Tennessee Department of Health. If you believe that you have been discriminated against because of your race, color, or national origin by a health care provider (such as a hospital, nursing home, social service agency, Medicaid and Medicare, etc.) or by a State or local government health services agency, you may file a complaint with the Tennessee Department of Health. Complaints alleging discrimination because of your race, color, or national origin by programs directly contracting with the State of Tennessee Department of Health, may be filed with the Tennessee Human Rights Commission, William R. Snodgrass Bldg./TN Towers, 312 Rosa Parks Avenue, 23<sup>rd</sup> Floor, Nashville, TN 37243, (615) 741-5825.

Complaints to the Tennessee Department of Health, Title VI/Civil Rights Office should be filed in writing, either on paper, by mail, or electronically (fax). You can use the Title VI Discrimination Complaint Form PH3814, which can be obtained from the TDH Title VI Compliance Plan and Implementation Manual, health care service facility, or from the address below:

**Civil Rights Compliance Officer  
Tennessee Department of Health  
Office of Compliance and Ethics  
Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243**

**Fax: (615) 253-3926**

*\*Electronically download the complaint form from:  
The Tennessee Department of Health internet homepage.*

If you do not use the Department of Health, Civil Rights/Title VI Discrimination Complaint Form PH3814, your complaint should include the following information:

1. Your name, address, email, and telephone numbers (home and cell, if available)
2. If you are filing a complaint for someone else, include that person's name, address, and telephone numbers. Include your relationship to that person (spouse, friend, etc.)
3. The name and address of the organization of person(s) you believe discriminated against you.
4. How, why, who, and when you believe you (or the person on whose behalf you are filing the complaint) were discriminated against.
5. Any other information that would help the Civil Rights Office to understand your complaint.
6. You must sign your name and date.

You must file your complaint within 180 days of the date when the discrimination happened.

You can file your complaint by Fax or you can mail your complaint to the Title VI/Civil Rights Compliance Officer at the address given above. If you need further assistance with your complaint, please call (615) 741- 9421.

- **\* Note:** All LEP, and any other, **complaints received regarding the WIC Program (Women, Infants and Children), will be forwarded and processed through the USDA-Civil Rights Office.** Persons with disabilities who require alternative means of communication for program information (e.g. , Braille, large print, audiotope, American Sign Language, etc.) should contact the USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
- To file a **WIC program discrimination complaint**, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail; U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).