DEPARTMENT OF HEALTH SERVICES
Office of Legal Counsel
F-80983 (10/2024)

STATE OF WISCONSIN
42 USC §§ 18116, 2000d, 6101; 29 USC § 701;
7 USC § 2020; 20 USC § 1681; DHS AD 52.3, 36.4

CIVIL RIGHTS COMPLAINT

This civil rights complaint form is for members, applicants, enrollees, and beneficiaries of any Wisconsin Department of Health Services (DHS) program or activity for internal DHS investigations into allegations of discrimination on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, disability and, in some cases, religious creed or political belief, and reprisals or retaliation, depending on the program. **Complaints of discrimination in employment or matters not involving DHS programs or activities will not be investigated by this office**.

Complaints about DHS services and benefits funded by the United States Department of Health and Human Services (HHS) (for example, Medicaid/BadgerCare) may also be filed with HHS. Complaints about the Supplemental Nutrition Assistance Program (SNAP)/FoodShare Wisconsin may be filed with the United States Department of Agriculture (USDA). Any complaint about Women, Infants, and Children (WIC), The Emergency Food Assistance Program (TEFAP), the Commodity Supplemental Food Program (CSFP), or other non-SNAP USDA program must be filed with the USDA. In most cases, complaints must be received within **180 days** of the alleged discriminatory act. For directions on completing this form, see the instructions at www.dhs.wisconsin.gov/forms/f8/f80983a.pdf.

SECTION I – Who Was Discriminated or Retaliated Against?

Date Completed:

First Name	Middle Initial	Last Name

Mailing Address – Street	City	ZIP Code	County

Preferred Phone Number	Other Phone Number	Email Address	Fax

Complainant Authorized Legal Representative

SECTION II – What Person or Organization Do You Believe Discriminated or Retaliated Against You (or someone else)?

Name (Agency, Medical Assistance Provider, or Business)	Type of Agency, Medical Assistance Provider, or Business

Name – Person Responsible, if known	Organizational Title

Address	City	ZIP Code	County

Phone Number – Include Area Code and Extension , ext.	Email Address

SECTION III – What Do You Allege is the Reason for Discrimination or Retaliation?

Of which DHS program (for example, BadgerCare Plus, Medicaid, SeniorCare, Supplemental Nutrition Assistance Program (SNAP)/FoodShare Wisconsin, Include, Respect, I Self-Direct (IRIS), Family Care, FoodShare Employment and Training (FSET), Refugee Health Program) are you a member, applicant, enrollee, or beneficiary?

Which of the following do you allege was the reason for the discrimination/retaliation? Check the box that you allege is the reason complainant (identified in Section I) was discriminated/retaliated against.

- ☐ Race
- ☐ Color
- ☐ National Origin or Limited English Proficiency
  Preferred Language:
- ☐ Sex/Gender/Sexual Orientation
- ☐ Age
- ☐ Disability
- ☐ Religion/Creed
- ☐ Political Affiliation
- ☐ Retaliation/Reprisal

Date the last incident of discrimination occurred:

SECTION IV – What Discriminatory or Retaliatory Action Happened to You?

Use additional pages, as is necessary, to fully complete this section.

1. Describe the events that make you believe you were discriminated against in receiving benefits, services, or access to a DHS program.

2. Give the date each action occurred and name of the person who took the action.

3. Explain why you believe the action was because of the box(es) you checked in Section III.

SECTION V – Submit Your Complaint

Mail or email:

Department of Health Services
Civil Rights Compliance
1 West Wilson Street, Room 651
PO Box 7850
Madison, WI 53707-7850

608-267-4955 (Voice), 608-267-1434 (Fax)
711 or 1-800-947-3529 (TTY)
Email: DHSCRC@dhs.wisconsin.gov

If you need language assistance or an accommodation to prepare this complaint, please contact us.

If you have questions regarding the terms and words used in this form, or need other assistance filling out this form, please contact us.

Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs
The Wisconsin Department of Health Services 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). The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:
- 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 the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services 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: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to dhscrc@dhs.wisconsin.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, 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
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	**Deitsch (Pennsylvania Dutch)** Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griege as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	**ພາສາລາວ (Laotian)** ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711).	**Français (French)** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	**Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	**हिंदी (Hindi)** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	**Shqip (Albanian)** KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
한국어 (Korean) 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	**Tagalog (Tagalog – Filipino)** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	**Soomaali (Somali)** FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa laguu heli karaa. Soo wac 844-201-6870 (TTY: 711).

Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, 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:**
   FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or 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 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/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, 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 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; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.