

Discrimination is Against the Law

Children's Community Health Plan complies with Federal civil rights laws. We do not bar people from health programs and activities or treat them differently based on race, color, national origin, age, disability or sex.

We provide:

- Free help to people with disabilities to communicate effectively with us
- Free language services to people whose preferred language is not English
- Qualified sign language and spoken language interpreters
- Written information in other forms (large print, audio, electronic) and in other languages

If you need these services they will be scheduled for you.

If you think that Children's Community Health Plan has failed to provide services listed above or has discriminated in another way, contact the Section 1557 Coordinator.

Children's Hospital of Wisconsin Director, Corporate Compliance

PO Box 1997, MS C760
Milwaukee, WI 53201
(414) 266-2215
TTY (414) 266-2465
Fax (414) 266-6409
ttwinem@chw.org

Children's Community Health Plan does not retaliate against anyone who files a complaint, participates in the investigation of a complaint or who opposes discrimination.

- Complaints must be submitted within 60 days of the date the person filing the complaint becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it.
- The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- An investigation of the complaint will be conducted. The investigation will ensure all interested persons are given an opportunity to submit evidence relevant to the complaint.
- Files and records relating to all complaints will be maintained and appropriate steps will be taken to preserve the confidentiality of files and records relating to complaints. Information is shared only with those who have a need to know.
- A written decision on the complaint will be given within 30 days after the filing of the complaint. The decision will include a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the complaint may appeal the decision within 15 days of receiving the complaint decision.
- A written decision in response to the appeal will be mailed no later than 30 days after its filing.

You can also file a complaint with the U.S. Department of Health and Human Services. Complaints must be filed within 180 days of the date of the alleged discrimination.

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019
TDD (800) 537-7697

Office for Civil Rights Complaint Portal: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at: www.hhs.gov/ocr/office/file/index.html



Language services

If you or someone you're helping has questions about Children's Community Health Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-482-8010. If you are hearing impaired, call the Wisconsin Relay at 7-1-1.

SPANISH: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Children's Community Health Plan tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-482-8010.

HMONG: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Children's Community Health Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-800-482-8010.

CHINESE: 如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱]的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字1-800-482-8010]。

GERMAN: Falls Sie oder jemand, dem Sie helfen, Fragen zum Children's Community Health Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-482-8010 an.

ARABIC: على الحصول في الحق فليديك ، (بخصيص أسئلة تساعد شخص لدى أو لديك كان إن 1-800-482-8010 (ب اتصل مترجم مع للتحدث. تكلفة أية دون من بلغتك الضرورية والمعلومات المساعدة

FRENCH: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Children's Community Health Plan vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-482-8010.

TAGALOG: Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Children's Community Health Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-482-8010.

ALBAINIAN: Nëse ju, ose dikush që po ndihmoni, ka pyetje për Children's Community Health Plan, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-482-8010.

HINDI: यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Children's Community Health Plan के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िभाषण से बात करने के लिए 1-800-482-8010.पर कॉि करें।

POLISH: Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Children's Community Health Plan , masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-482-8010.

VIETNAMESE: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Children's Community Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-482-8010.

PENNSYLVANIA DUTCH: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Children's Community Health Plan, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-482-8010 uffrufe.

LAOTIAN: ົ່າທ່ານ, ຫ ົ່ອີຄົນທ ົ່ທ່ານກຳລັງຊ່ວຍເຫ ົ່ອ, ມ ົ່ຄຳຖາມກ່ຽວກັບ Children's Community Health Plan., ທ່ານມ ົ່ຈະໄດ້ຮັບ ການຊ່ວຍເຫ ົ່ອແລະຂໍ້ມູນຂ່າວສານທ ົ່ເປັນພາສາຂອງທ່ານບໍ່ມ ົ່ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-800-482-8010.

KOREAN: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Children's Community Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-482-8010 로 전화하십시오.

RUSSIAN: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Children's Community Health Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-482-8010