

Do you think you may have been treated differently because of your:

- **Race, color, or national origin** (Title VI of the Civil Rights Act of 1964)
- **Disability** (Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)
- **Sex and Blindness/Visual Impairment** (Title IX Education Amendments of 1972)
- **Age** (Age Discrimination Act of 1975)
- **Race, Color, National Origin, Age, Disability, Sex:** gender identity, failure to conform to stereotypical notions of masculinity or femininity, and sexual harassment based on sexual orientation (42 U.S.C. § 18116, Section 1557 of ACA)
- **Any other Status/Group protected by law?**

You or someone on your behalf can report a complaint to the Division of Health Care Finance and Administration (“HCFA”). HCFA is made up of these programs:

- TennCare • CoverKids • AccessTN • HealthyTNBabies • CoverRX
- Office of eHealth Initiatives • Strategic Planning and Innovation Group

You can also report a complaint to us. Call us for free at 888-291-3766 or 711 (800-466-7566). If you are having a problem with your dental services call DentaQuest at 888-291-3766 or 711 (800-466-7566).

Complaints must be reported to HCFA or to us in writing. HCFA does not accept verbal (spoken) complaints for investigation unless you are a person with a disability who cannot send a written complaint. Or you have a valid reason for not being able to send HCFA a written complaint.

Complaints must be reported by 6 months (180 calendar days) from the date you think you may have been treated in a different way. The 6 month deadline may be increased if you can give a good reason for the delay in reporting your complaint to HCFA (like a serious illness or death in your family).

A complaint may be reported by mailing a signed HCFA complaint form to HCFA or to us. Complaint forms are on HCFA’s website at: <http://www.tn.gov/hcfa/> .

Complaint forms also are in your member handbook and on our website.

Or you can mail this written information to HCFA or to us. This information must be on your complaint:

- **Your name, address and telephone number.** You must sign your name. If you file a complaint on someone's behalf, include your name, address, telephone number, and your relationship to that person--example: family, lawyer, friend.
- **Name and address of the program you think treated you in a different way.**
- **How, why and when you think you were treated in a different way.**
- **Any other important information.**

To speed up the review of your complaint, mail a signed Agreement to Release Information form with your complaint. This form is in your member handbook. And is part of the Complaint form on our website and on HCFA's website.

If you are filing a complaint for someone else, have that person sign the Agreement to Release Information form and mail it with the complaint.

Keep a copy of everything you send. Please mail the completed, signed Complaint and the signed Agreement to Release Information forms to:

HCFA, Office of Civil Rights Compliance
 310 Great Circle Road; Floor 4W
 Nashville, TN 37243
 Or email:
 HCFA.Fairtreatment@tn.gov

Or you can contact DentaQuest at 888-291-3766 or 711 (800-466-7566)

Need free language help? Call <u>DentaQuest</u> at 888-291-3766 or 711 (800-466-7566)	Necesita ayuda con el idioma gratuita? Llame <u>DentaQuest</u> 888-291-3766 or 711 (800-466-7566)
لصرت مجاناً؟ غللا يف ءءءاسم ءيرت له	需要免费的翻译服务吗？请致电
무료로 통역 도움이 필요하십니까? 전화	Cần giúp đỡ miễn phí ngôn ngữ? Gọi
ءبمار ءب ئب اي ين امز اي راك يراه يف ءءء ئب وء ءكب ئبءن هو ي ءب؟	Ma u baahan tahay gargaar luqadda oo bilaash ah so wac

Have a disability and need free help or an auxiliary aid or service (Braille, large print)? Call <u>DentaQuest</u> at 888-291-3766 or 711 (800-466-7566)	Tiene una discapacidad y necesita ayuda gratuita? Llame <u>DentaQuest</u> 888-291-3766 or 711 (800-466-7566)
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لصت؟ ةين اجم ةدع اسم جات حتو ةقاعا كيدل له	您是否因残障而需要免费的帮助呢？请致电
장애가 있으신 분으로서 무료 도움이 필요하십니까? 전화	Có khuyết tật và cần sự giúp đỡ miễn phí Gọi
هب ئب ايراك يراه يفت ئبو يمدن هئ مئك ئي وت هلكب ئيدن هوي هب؟ ير هبمار	Ma leedahay naafo oo u baahan tahay gargaar bilaash ah so wac

Free **TRS** call 711 ask 800-466-7566
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You can also contact:

U.S. Department of Health & Human Services - Region IV Office for Civil Rights

Call: (800) 368-1019
 TTY/TDD: Toll Free 1-800-537-7697

Use Complaint Portal:

https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

Write to:

U.S. DHHS / Region IV Office for Civil Rights
 Sam Nunn Atlanta Federal Center, Suite 16T70
 61 Forsyth Street, SW
 Atlanta, Georgia 30303-8909

Tennessee Human Rights Commission

Call Toll Free: 1-800-251-3589
 Spanish Toll Free: 1-866-856-1252
 Local Calls: (615) 741-5825
 Fax (615) 253-1886

Website: www.tn.gov/humanrights

Complaint Form:

<http://www.state.tn.us/humanrights/forms/FillableDigitalTHRCDDiscriminationComplaintFormRevNov2012.pdf>

Write to:

Central Office, Tennessee Tower
 312 Rosa Parks Ave., 23rd Floor
 Nashville, Tennessee 37243

U.S. Department of Justice

Call Toll Free: 800-514-0301 (voice)

TTY Toll Free: 800-514-0383

To file ADA complaint **online:** <http://www.ada.gov/complaint/>

Write to:

950 Pennsylvania Avenue, NW

Civil Rights Division

Disability Rights Section – 1425 NYAV

Washington, D.C. 20530

You can find out more about your civil rights and the laws that give you these rights at the U.S. Department of Health & Human Services, Office of Civil Rights website located at:

<http://www.hhs.gov/ocr/civilrights/resources/factsheets/index.html>