



Civil Rights Form

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as a client of this facility have the right:

- to be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex
- to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

Department of Human Services

Bureau of Equal Opportunity
Room 521 Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675

Commonwealth of Pennsylvania

Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

PA Human Relations Commission

Philadelphia Regional Office
110 North 8th Street, Suite 501 Philadelphia,
PA 19107

U.S. Department of Health and Human Services

Office for Civil Rights, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111

Child's Name

Parent Signature

TLL Administrator