

**Notice Informing Individuals about the Nondiscrimination and Accessibility  
Requirements and Nondiscrimination Statement:  
Discrimination is Against the Law  
Section 1557 Non-Discrimination**

Crescent Community Health Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Crescent Community Health Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Crescent Community Health Center:

- 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 Julie Woodyard at Crescent Community Health Center at 563.690.2860.

If you believe that Crescent Community Health Center 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:

- Julie Woodyard  
1789 Elm Street, Suite A, Dubuque, IA, 52001  
563-690-2860 (phone) | fax 563-582-5335 | [jwoodyard@crescentchc.org](mailto:jwoodyard@crescentchc.org)

You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance, Julie Woodyard 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  
1-800-368-1019, 800-537-7697 (TDD)

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