

Discrimination is Against the Law

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

Novant Health:

- 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:

- Corporate Director of Employee Relations
Novant Health Human Resources
Attention: Employee Relations
4020 Kilpatrick Street
Winston-Salem NC 27104
Phone: (800)-890-5420
Fax: (336) 277-9622
Email: employeebenefits@novanthealth.org

If you believe that Novant Health 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:

- Corporate Director of Employee Relations
Novant Health Human Resources
Attention: Employee Relations
4020 Kilpatrick Street
Winston-Salem NC 27104
Phone: (800)-890-5420
Fax: (336) 277-9622
Email: employeebenefits@novanthealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Corporate Director of Employee Relations 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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-890-5420.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-890-5420.

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 1-800-890-5420

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-890-5420 번으로 전화해 주십시오.

لصتا. ن اجم اب كل رفاوتت ةىوغلل ا ةدعاسم ا تامدخ ن ا ف، ةوغلل ركذا ثدحتت تنك اذا: ةظوحلم 1-800-890-5420 (مقر
مكبل او مصلا فتاه. مقرب

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-890-5420.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-890-5420.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-890-5420.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-890-5420 (መስማት ለተሳናቸው።

ध्यान दः य द आप हद्दी बोलते ह तो आपके लए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-890-5420 पर कॉल कर।

سامت اب. دش اب یم مهارف امش یارب ناگیار تروصب ینابز تالی هست، دینک یم وگتفگ یسراف نابز هب رگا: هجوت
اب. دش اب یم مهارف 1-800-890-5420. دیری گب

युना: જો તમે ્જરાતી બોલતા હો, તો િન:બ્લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-800-890-5420.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-800-890-5420.

1-800-890-5420 یی رک لاک - یی بایتسد یی تغم تامدخ یک ددم یک نابز وک پآ وت، یی یتلوب ودرا پآ رگا: رادربخ
ییرک

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-890-5420 まで、お電話にてご連絡ください。