

Moravian Village of Bethlehem Nondiscrimination Statement

Discrimination is Against the Law

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

Moravian Village of Bethlehem:

- 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 John Calzola.

If you believe that Moravian Village of Bethlehem 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: John Calzola, VP of Resident & Employee Services, 526 Wood Street, Bethlehem, PA 18018, 610-625-4885 x329, Fax: 610-625-2032, Email: jcalzola@moravianvillage.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, John Calzola, VP of Resident & Employee Services 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>.

Moravian Village of Bethlehem cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Moravian Village of Bethlehem no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Moravian Village of Bethlehem:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con John Calzola.

Si considera que Moravian Village of Bethlehem no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: John Calzola, VP of Resident & Employee Services, 526 Wood Street, Bethlehem, PA 18018, 610-625-4885 x 329, 610-625-2032, Email: jcalzola@moravianvillage.com.

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, John Calzola] está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

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)
Puede obtener los formularios de reclamo en el sitio web
<http://www.hhs.gov/ocr/office/file/index.html>.

Moravian Village of Bethlehem 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。Moravian Village of Bethlehem 不因種族、膚色、民族血統、年齡、殘障 或性別而排斥任何人或以不同的方式對待他們。

Moravian Village of Bethlehem :

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）

- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡 John Calzola.

如果您認為 Moravian Village of Bethlehem 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以向 John Calzola 提交投訴，郵寄地址為 625 Wood Street, Bethlehem, PA 18018, 電話號碼為 610-625-4885 x 329, Fax: 610-625-2032, 電子信箱為 jcalzola@moravianvillage.com。您可以親自提交投訴，或者以郵寄、傳真或電郵的方式提交投訴。如果您在提交投訴方面需要幫助，John Calzola 可以幫助您。

您還可以向 U.S. Department of Health and Human Services（美國衛生及公共服務部）的 Office for Civil Rights（民權辦公室）提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，或者透過郵寄或電話的方式投訴：

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)（聾人用電信設備）
登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-625-4885 x 329.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-625-4885 x 329.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-610-625-4885 x 329.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-610-625-4885 x 329.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-610-625-4885 x 329.

توافق رلك ب الامجان. ات صل ب رقم ةى المساعدة ال لغوم لحوطة: إذا كنت ت تحدث انكر ال لغة، فإن خدمات رقم 1-610-625-4885 x 329

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-610-625-4885 x 329.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-610-625-4885 x 329.

◆યુ ના: જો તમે◆જરાતી બોલતા હો, તો િન:◆લુ ભાષા સહાય સેવાઓ તમારા માટ◆ઉપલબ્ધ છ. ફોન કરો 1-610-625-4885 x 329.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-610-625-4885 x 329.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-610-625-4885 x 329.

ប្រយ័ត្ន: ើសិនអ្នកនិយាយ ខ្មែរ, សេវាជំនួយភាសា ើយមិនគិតល ក៏ ចំណុះសំបុំរៃ អ្នក ូរ ូរស័ព 1-610-625-4885 x 329.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-610-625-4885 x 329.