

McLaren Print System Order

Order No: 89907  
Order Date: 2024-11-12  
Order Request Date:  
User: Nina Hudgins  
Phone: 313 576 9088

Ship Location: Nina Hudgins  
4100 John R Mailcode: HP07CS  
Detroit, MI 48201

Brochures  
Quantity: 20  
Paragon Dept No: 16000  
Dept Name: Patient & Colleague Engagement  
Company Number:

Order Total Price: 110.00

Item Number: MHCC-545-KCI  
Item Description: Nondiscrimination Poster - KCI  
Revision Date: 11/2024  
Print:  
Paper:  
Size:  
Fold:  
Finish:  
Drill:  
Poster: 11x17 paper  
Misc Info:



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

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters or 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 and/or information written in other languages.

If you need these services, please contact any member of your care team or one of our Patient Representatives.

If you believe that McLaren has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with the Patient Representative for your respective subsidiary.

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Patient Representative is available to help you.

You may 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 505F, HHS 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>.

Spanish (ES/ESPA) e habla español, tiene o se le presta servicios gratuitos de asistencia lingüística. (línea al 800) 542 2667  
معلومات عن كيفية تقديم شكوى أو طلب مساعدة لغوية مجانية أو مساعدة لغوية مجانية. (الخط 800) 542 2667  
Chinese  
中文: 800-537-7697, 800-368-1019

Spec Info: