

**McLaren Print System Order**

**Order No: 90805**  
**Order Date: 2024-12-12**  
**Order Request Date:**  
**User: Wendy Werner**  
**Phone: 9896735103**

**Ship Location: ATT. WENDY WERNER**  
**401 N. HOOPER ST**  
**CARO, MI 48723**

**Brochures**  
**Quantity: 4**  
**Paragon Dept No: 21600**  
**Dept Name: ER**  
**Company Number:**

**Order Total Price: 32.00**

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



**DISCRIMINATION IS AGAINST THE LAW**

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, 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>.

Spanish (ES/ESPA) e italiano (ITALIANO), tiene o no disponible servicios gratuitos de asistencia lingüística. Llame al (800) 540-2687.  
 العربية (AR) أو اللغة التي تفضلها من بين اللغات التي نقدمها مجاناً، هل تتوفر خدمات الترجمة اللغوية المجانية؟ اتصل بنا على الرقم (800) 540-2687.  
 Chinese (CHINESE) 是否有免费的中文或您喜欢的其他语言服务？请致电 (800) 540-2687。

**Spec Info: Original Poster Size**