

McLaren Print System Order

Order No: 90893
Order Date: 2024-12-17
Order Request Date:
User: Amanda Stemple
Phone: 8103999244

Ship Location: ATTN: Amanda Stemple
4000 Saginaw St
Flint, MI 48507

Brochures
Quantity: 40
Paragon Dept No: 24400
Dept Name: Outreach Laboratories
Company Number:

Order Total Price: 320.00

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, 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 italiano (ITALIANO) sono le lingue di servizio primarie. Se necessita intérprete, llame al (800) 540-2687.
 العربية (AR) هي اللغة التي نستخدمها في مكتبنا. إذا كنت بحاجة إلى مترجم، يرجى الاتصال بـ (800) 540-2687.
 Chinese (CHINESE) are our primary languages of service. If you need an interpreter, please call (800) 540-2687.

Spec Info: Original Poster Size