

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F
HHS Building
Washington, D.C. 20201

Subject: Complaint of Discrimination

Dear Sir/Madam,

I am writing to file a complaint against [Name of the entity you are complaining about] for discriminatory practices in violation of [specify the relevant laws or regulations].

Background Information:

- Name of the entity: [Name]
- Location: [Address or location]
- Contact information: [Phone, email, etc.]

Description of Discrimination:

I believe I was discriminated against on [date] when [describe the incident(s) in detail, including specific actions, attitudes, or policies that were discriminatory].

Impact:

This situation has caused [explain any negative effects, emotional distress, and/or barriers faced as a result of the discrimination].

Resolution Sought:

I request that [describe the desired outcome or resolution you seek].

Enclosures:

I have included [list any documents, evidence, or supporting materials you are providing with your complaint].

Thank you for addressing this matter seriously. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]