

NYCDCC Welfare Fund: Notice of Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

The New York City District Council of Carpenters Welfare Fund (the “Welfare Fund”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Welfare Fund:

- 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 the Fund’s Civil Rights Coordinator, Gerard Minetello.

If you believe that the Welfare Fund 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 via mail with: Civil Rights Coordinator, Gerard Minetello at 395 Hudson Street, 9th Floor, New York, New York, 10014. You can also file a grievance in person, via fax at (212) 366-7444, Attn.- Gerard Minetello, or via email at **GMinetello@nycbf.org**.

If you need help filing a grievance, Civil Rights Coordinator, Gerard Minetello 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 at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201. You can also file a grievance via phone at 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-529-3863.

注意： 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-529-3863。

