

# DISCRIMINATION IS AGAINST THE LAW

## Notice of Non-Discrimination

**Wisconsin Diagnostic Laboratories** complies with applicable Federal civil rights laws and does not discriminate exclude or treat people differently on the basis of race, color, national origin, ethnicity, age, disability, sex, religion, creed, political beliefs, sexual orientation, marital status, gender identity or expression, veteran or military status, for filing of a prior civil rights complaint, or any other basis prohibited by law.

### Wisconsin Diagnostic Laboratories:

- 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 Patient Relations at 414-805-2882 (Monday - Friday 8 a.m. – 4:30 p.m.) or the operator at 414-805-3000. If you believe that Wisconsin Diagnostic Laboratories 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 with:

Patient Relations  
9200 West Wisconsin Ave  
Milwaukee Wisconsin, 53226  
Ph: 414-805-2882 TTY: 1-800-947-3529  
Fax: 414-805-4651  
[froedtert.com](http://froedtert.com)

You can file a grievance in person or by mail or fax. If you need help filing a grievance, Patient Relations 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 or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue  
SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (Voice), 800-537-7697 (TTY)  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints>

## ATTENTION

**If you speak another language, assistance services, free of charge, are available to you. Call: 414-805-3000 (TTY: 1-800-947-3529).**

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 414-805-3000 (TTY: 1-800-947-3529)

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau: 414-805-3000 (TTY: 1-800-947-3529)

繁體中文 (Chinese): 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 414-805-3000 (TTY: 1-800-947-3529)

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 414-805-3000 (TTY: 1-800-947-3529)

العربية (Arabic): انتباه: إذا كنت تتحدث لغة أخرى، فإذ خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل بالرقم: 414-805-3000 (رقم الصم) 1-800-947-3529.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 414-805-3000 (TTY: 1-800-947-3529)

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 414-805-3000 (1-800-947-3529) 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 414-805-3000 (TTY: 1-800-947-3529)

Deitsch (Pennsylvania Dutch): Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 414-805-3000 (TTY: 1-800-947-3529)

ພາສາລາວ (Laotian): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 414-805-3000 (TTY: 1-800-947-3529)

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 414-805-3000 (TTY: 1-800-947-3529)

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 414-805-3000 (TTY: 1-800-947-3529)

हिंदी (Hindi): ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 414-805-3000 (TTY: 1-800-947-3529) पर कॉल करें।

Shqip (Albanian): KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 414-805-3000 (TTY: 1-800-947-3529)

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 414-805-3000 (TTY: 1-800-947-3529)