

# Civil Rights

Clatsop County Department of Public Health is committed to making our services and buildings accessible to all people.

We must follow state and federal civil rights laws. We cannot treat people unfairly in any of our programs or activities because of a person's:

- Race or color
- Religion
- Disability
- Sexual Orientation
- National Origin
- Age
- Marital or familial status
- Sex (including pregnancy-related conditions and sexual harassment)
- Other class protected by law

Everyone has the right to enter, exit and use buildings and services. They also have the right to get information in a way they understand.

To file a grievance, report concerns or get more information, please contact us at:

**Web:** Our nondiscrimination report form can be accessed in [English](#) or [Spanish](#) here on our website. It can be emailed, mailed or dropped off to our office.

**Email:** [health \[at\] clatsopcounty.gov](mailto:health@clatsopcounty.gov)

**Mail:** Clatsop County Public Health  
820 Exchange St., Suite 100,  
Astoria, OR 97103

**In-Person:** In our office, ask at the front desk

**Phone:** 503-325-8500, 711 (TTY)

Your concerns will be directed to the Civil Rights Coordinator:

**Jill Quackenbush, Deputy Director, [jquackenbush \[at\] clatsopcounty.gov](mailto:jquackenbush@clatsopcounty.gov)**

Grievances must be submitted to the Civil Rights Coordinator within **60 days** of the date the person filing the grievance becomes aware of the alleged discriminatory action.

It is against the law for Clatsop County Department of Public Health to retaliate against anyone who files a grievance or not cooperate in the investigation of a grievance.

**You also have the right to file a civil rights complaint with:**

**Oregon Health Authority, Office of Equity and Inclusion Division (OEI)**

Web: [www.oregon.gov/OHA/EOI](http://www.oregon.gov/OHA/EOI)

Email: OHA.PublicCivilRights [at] state.or.us

Phone: (844) 882-7889, 711 TTY

Mail: 421 SW oak St., Suite 750,  
Portland, OR 97204

**Within one year of the date of the alleged discrimination:**

**Bureau of Labor and Industries (BOLI) Civil Rights Division**

Web: [www.oregon.gov/BOLI](http://www.oregon.gov/BOLI)

Email: crdemail [at] boli.state.or.us

Phone: (971)673-0764, 711 TTY

Mail: 800 NE Oregon St., Suite 1045,  
Portland, OR 97232

**Within 180 days of the alleged discrimination:**

**U.S. Department of Health and Human Services, Office for Civil Rights (OCR)**

Web: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Email: OCRComplaint [at] hhs.gov

Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: 200 Independence Avenue SW., Room 509F HHH Building,  
Washington, DC 20201.

Complaint forms are available at: [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

**U.S. Department of Justice (USDOJ), Civil Rights Division**

Web: <https://civilrights.justice.gov/>

Phone: 1-855-856-1247, (202) 514-0716 (TTY)

Mail: 950 Pennsylvania Avenue, NW,  
Washington, D.C. 20530-0001

This policy was drafted in accordance with OAR 943-005-0010, OAR 943-005-0030, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975, Title 45 Code of the Federal Regulations Parts 80,84 and 91, Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 S.S.C. 18116

# Supporting Documents

Report of discrimination English 261.94 KB

Report of Discrimination Spanish 269.98 KB

Civil Rights Poster English 249.83 KB

Civil Rights Poster Spanish 278.66 KB