

# Know Your Rights!



We want you to know how to give us your feedback or make a complaint.

We want to hear from you! Take our survey

Complete our survey about your customer service experiences with your county or eligibility site by scanning the QR code or visit [hfcgo.com/countycss](https://hfcgo.com/countycss)



## Your right to nondiscrimination.

We've included nondiscrimination information for your county and the Colorado Department of Health Care Policy and Financing (HCPF). HCPF is the agency that oversees Colorado's medical assistance programs.

If you think your rights have been violated, you can file a complaint, which is also called a grievance. You can file your complaint with your county, HCPF, the Office for Civil Rights, or all three.

## Your County

Your county has a nondiscrimination notice. You can file a complaint with your county if you think your rights have been violated.

Print your county's information as written below and attach over this box:

[x] County's nondiscrimination information is online at [URL]. For more information or to file a discrimination complaint with the county, contact:

[Nondiscrimination person at county or MA site: name, phone number and email address]

## Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at [ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf), or by mail, phone, fax, or email.

Office for Civil Rights U.S. Department of Health and Human Services

1961 Stout Street, Rooms 08-148  
Denver, CO 80294

Telephone: 800-368-1019 (TDD: 800-537-7697)  
FAX: 202-619-3818

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

## HCPF Nondiscrimination Notice

The Colorado Department of Health Care Policy and Financing (HCPF) does not discriminate based on race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, or disability. HCPF does not discriminate in employment, admission or access to, treatment or participation in, or receipt of the services and benefits under any of its programs, services and activities.

HCPF provides:

Free aids and services for individuals with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats

Free language services for individuals whose primary language is not English, such as:

- Qualified foreign language interpreters
- Information written in other languages

If you believe HCPF has failed to provide these services or discriminated in another way, you can file a grievance with the Civil Rights Officer within 60 days of the incident. You can file by mail, phone, fax, or email. The Civil Rights Officer can also help you file the grievance. To request aids and services or to file a grievance:

Civil Rights Officer

1570 Grant St Denver, CO 80203

Phone: 303-866-6010 (State Relay 711) Fax: 303-866-2828

Email: [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us)

Learn more at [hcpf.colorado.gov](https://hcpf.colorado.gov)



**COLORADO**  
Department of Health Care  
Policy & Financing

## Customer service complaints

If you have a complaint about your county or eligibility site, please let us know. You can submit your complaint anonymously by visiting: [hcpfdev.secure.force.com/CountyMemberWebform](https://hcpfdev.secure.force.com/CountyMemberWebform) or scanning the QR code.

