

## Human Resources Department

Dodi Shaw, Director of Human Resources  
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## Risk Management Department

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### Notice of Non-Discrimination

**Montgomery County Employee Benefit Plan** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Montgomery County Employee Benefit Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### **Montgomery County Employee Benefit Plan:**

- 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 **Director of Human Resources, Dodi Shaw**

If you believe that **Montgomery County Employee Benefit Plan** 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: **Dodi Shaw, Director of Human Resources, 501 N Thompson #400, Conroe, TX 77301, Phone 936-539-7886, Fax 936-788-8396, Email [dodi.shaw@mctx.org](mailto:dodi.shaw@mctx.org)**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Dodi Shaw, Director of Human Resources** 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, 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 1-936-539-7886.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-936-539-7886.

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 1-936-539-7886。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-936-539-7886 번으로 전화해 주십시오.

مقرب لصتا . ناجملا بلكل رفاوتتة تيوغللا قد عاسملا تامدخ نإف ، تامللا ركاذ ثدحتت تنك إذا : تظوحلم 1-936-539-7886 مقبر )  
مكبلوا مصلا فتاه.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال  
1-936-539-7886

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-936-539-7886.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-936-539-7886.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-936-539-7886  
पर कॉल करें।

توجه: اگر شما اسپانیایی صحبت می کنید، شما می خدمات کمک زبان  
رایگان در دسترس هستند. پاسخ 1-936-539-7886).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-936-539-7886.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.  
ફોન કરો 1-936-539-7886

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-936-539-7886.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-936-539-7886 まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,  
ໂດຍບໍ່ເສັ້ນຄ່າ,

ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-936-539-7886.

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