

# ADA Notice of Nondiscrimination

The **ADA notice of nondiscrimination** form sample ensures organizations communicate their commitment to providing equal access and opportunities without discrimination based on disability. This form is essential for compliance with the Americans with Disabilities Act and promotes inclusivity. Proper use helps protect the rights of individuals and informs them of their protections under the law.

## Notice of Nondiscrimination

**[Organization Name]** complies with applicable Federal civil rights laws and does not discriminate on the basis of disability in its programs or activities.

**[Organization Name]** does not exclude people or treat them differently because of disability.

### Our Commitment:

- Provide free aids and services to people with disabilities to allow effective communication, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, accessible electronic formats, etc.)
- Provide reasonable modifications to policies and procedures to ensure accessibility.

### Filing a Grievance:

If you believe that **[Organization Name]** has failed to provide these services or discriminated in another way on the basis of disability, you can file a grievance with:

ADA Coordinator:

**[Name]**

**[Address]**

**[Phone]**

**[Email]**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the ADA Coordinator is available to help you.

### Filing with U.S. Department of Health and Human Services:

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](#), 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 <https://www.hhs.gov/ocr/complaints/index.html>.