

Complaint Procedure – Program Participants

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin, gender identity, sexual orientation, genetic testing, political belief or affiliation, marital status, familial or parental status, or disability, or association with a person with a disability, you may file a complaint.

1. You may file an informal complaint with TMG to try to solve the problem. The first step is to file a complaint with TMG's Equal Opportunity Coordinator. Complaints may be filed in any of the following ways:
 - a. By email at QualityServices@tmgwisconsin.com,
 - b. By phone at (608) 255-6441
 - c. In person, by scheduling a meeting at the TMG office with the Equal Opportunity Coordinator.

TMG will investigate your complaint as soon as possible.

2. You may file a complaint with TMG, or you may file a formal complaint with the Wisconsin Department of Health Services (DHS). If you are not satisfied with the resolution of your complaint from step 1. above, contact DHS at:

Office of Affirmative Action and Civil Rights Compliance
608-266-9372 (voice) / 608-266-0583 (fax)
888-701-1251 (TTY) or Wisconsin Relay 711
<http://dhs.wisconsin.gov/civilrights/index.htm>

The DHS *Discrimination Complaint Form* is located on the DHS website. TMG can assist you locate and complete the DHS form. Please contact TMG's Equal Opportunity Coordinator at (608) 255-6441.

3. If you wish to file a formal complaint with the federal government, you may contact any of these agencies:

Department of Health & Human Services (HHS)

Office of Civil Rights
202-619-0403 (Voice) or 800-537-7697 (TTY).
<http://www.hhs.gov/ocr/office/file/>

US Department of Justice

Civil Rights Division, Disability Rights Section
ADA Information Line:
800-514-0301 (voice) / 800-514-0383 (TTY)
Fax: (202) 307-1197
E-mail ADA.complaint@usdoj.gov

Title VI (Civil Rights) hotline:

1-888-TITLE-06 (1-888-848-5306) (Voice/TDD)

Regional HHS Office for Civil Rights (Region V - Chicago)

312-886-2359 (voice) / 315-353-5693 (TTY).
<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>

Please note that formal complaints must be filed within 180 days from the time you felt you were discriminated against.