

# VACCINE RELIGIOUS FREEDOM CLASS ACTION COMPLAINT INSTRUCTIONS

**Facebook Group:** "Vaccine Class Action Complaint"

<https://tinyurl.com/VCAComplaint>

**Personal:** Ricardo@CafePeyote.com



By Pastor Ricardo Beas

## SUMMARY

The U.S. Department of Health and Human Services (HHS) Civil Rights Division has created a new section titled **Conscience and Religious Freedom Division** (VRF Division) whose supposed purpose is to handle complaints related to a violation of any person's conscience and religious freedom rights by any person or entity under their jurisdiction.

The initial announcement<sup>1</sup> focuses in particular on conscience and religious rights violations related to abortion, such as physicians and nurses refusing to participate in any procedure related to abortion, but I believe it applies to any conscience and religious rights violation regardless of what the issue is. If you go to the VRF Division's page it explains that complaints can be submitted by mail, email or through their website online, but if your only issue is that your child is being denied attendance in school due to non-compliance with mandatory vaccine legislation (such as SB 277 in California), when you answer the questions that move you through the online process it gets to the point where it tells you that they cannot help you, that you need to contact the U.S. Department of Education. I believe that we have the right to file our complaint and the agencies involved the obligation to investigate complaints regarding schools prohibiting our children from going to school for lack of vaccination and or lack of a medical exemption.

Therefore, I am recommending that you join me and file your own **Vaccine Religious Freedom Class Action Complaint (VRF Complaint)** through the HHS CRF Division portal, and for DOJ and DOEd by email AND U.S. mail using the VRF Complaint template I provide through my website **CafePeyote.com/Vaccines**, with the VRF Complaint section highlighted in yellow. I have already submitted mine. The template can be modified for other states with similar laws or for any other mandatory vaccine-related complaint, such as that of nurses being forced to be vaccinated in order to maintain employment, or doctors being harassed for issuing vaccine medical exemptions. Thus, because I am inviting everyone to join me in filing such complaints I am calling it a **Class Action Complaint**, we being a class that we can call **Anti-Mandatory Vaccine Advocates**.

In order to give more strength to our complaint and to help it be successful in forcing the authorities to take positive action on our VRF Complaint I am asking that you file your complaint with the main federal agencies tasked with protecting such rights: (1) U.S. Dept. of Health and Human Services, HHS (2) U.S. Dept. of Education, DOEd, and (3) U.S. Dept. of Justice, DOJ.

This initial VRF Complaint I have created is primarily focused on fighting against SB 277, but it can easily be modified (at least 90% of the text will be applicable) for other mandatory vaccine challenges, but it should be done with meticulous reading and understanding of its content so that such changes can be incorporated without affecting any of the important language in the

---

<sup>1</sup> See <https://tinyurl.com/VRF-Division-Announcement>; starts at minute 15.

complaint. If you need assistance in developing your complaint, please feel free to contact me through the links at the top of this document. **LET'S GIVE IT OUR BEST SHOT AND MAY GOD BE WITH US!**

---

**(PRINT PAGES 2, 3, 4 and 5)**

## **GENERAL STEPS THAT WILL NEED TO BE TAKEN**

1. Email to school district administration and their reply confirming that they will not accept your child without vaccination or a medical exemption. This will be part of Exhibit 1.
2. Letter to school district Superintendent advising you believe they have to accept your child simply based on your conscience and religious freedom rights, providing them your "Vaccine Conscience and Religious Rights Exemption Letter" (Exemption Letter) and their reply stating the child will not be admitted. Only the emails will be part of Exhibit 1, not the Exemption Letter. Word and PDF format templates for exemption letter at <https://tinyurl.com/VRFExemption-Letter-Word>, and <https://tinyurl.com/VRFExemption-Letter-PDF>.
3. Letter to school District requesting a Freedom of Information (state equivalent law) release of public information/documents pertaining to the District receiving any funding of any type, direct or indirect, from HHS, DOEd, DOJ or any other federal or state agency, or any organization. To make it easy for them, we are giving them the alternative to simply confirm from which agencies they get funding and assistance. This will be Exhibit 2. Sample text for all emails herein provided are at the end of this document.
4. Prepare your template and submit your Complaints to HHS, DOEd and DOJ, by mail AND email. For HHS you will use their online portal, at <https://tinyurl.com/HHS-CRFDiv-Portal>. The email addresses are found in the Complaint's first page, and the addresses in the footnote of the Declaration Statement at the end of the document. Word and PDF templates for VRF Complaint at <https://tinyurl.com/VRFComplaint-Word>, and <https://tinyurl.com/VRFComplaint-PDF>.

IMPORTANT NOTE: You will file your HHS Complaint through the CRF Division's portal. Once done it will give you a reference number. When you mail your HHS Complaint put on top a cover sheet stating: *"Submitted previously to HHS through Conscience and Religious Freedom Division's Internet Portal on   Date  , I.D. #                      - Submitted by Mail as Proof of Delivery."*

5. Letter to state governor who approved such legislation requesting he/she issue an executive order creating a conscience and religious exemption to the mandatory vaccine legislation and ordering their department of Health to issue a form for parents to use in order to avoid mandatory vaccination and also allowing parents to simply write their own Exemption Letter (we provide a template, same one as the one sent to the Superintendent).

The VRF Complaint and Exemption Letter templates, including these instructions and other related materials to help you put together your paperwork are found in my CafePeyote.com website, at [www.CafePeyote.com/Vaccines](http://www.CafePeyote.com/Vaccines). It is highlighted in yellow. If you have questions on following my strategy and filing your complaint just email me at [RicardoBeasV@hotmail.com](mailto:RicardoBeasV@hotmail.com). To follow the progress of our VRF Complaint go to my Facebook page “Vaccine Class Action Complaint” at <https://tinyurl.com/VCAComplaint>.

In the case of the California SB 277 VRF Complaint all you have to do is file and then sit back. I have already filed one with each agency and I will take care of contacting all involved agencies, getting status on the complaint and filing any replies to any denials of investigation. Of course, if you want to do the same, feel free to do so, but we suggest that other than making sure you get your email confirmation of receipt and the assigned agency tracking number that you just hold on tight. If needed call any agency to get confirmation of receipt and the ID number assigned.

### **COMPLAINT STATUS – GROUP AND INDIVIDUAL**

To get a status on my communications with the agencies and their actions in relation to California SB 277 Vaccine Religious Freedom Class Action Complaint you can go to and join my Facebook group “Vaccine Class Action Complaint”.

For complaints that have to do with individual physicians and nurses, as well as employees of any company or agency, such as childcare employees you will need to track those yourself and maintain in contact with authorities for status, but feel free to request assistance and guidance from me as may be needed.

In the case of other similar VRF complaints, such as for other states, nurse/doctor complaints, general employment, military personnel, etc., I suggest you coordinate with me in developing those templates in teams to avoid duplication of efforts.

### **GENERAL RECOMMENDATIONS AND OBSERVATIONS**

**-- IMPORTANT: Check off each item once accomplished**

- [ ] 1. Start a file where you should keep a paper copy of all related correspondence, both what you send and what you receive, your complaint, mailing receipts, etc.
- [ ] 2. As to HHS, file through their CRF Division portal and mail as noted below. For DOEd and DOJ send your VRF Complaints by email AND regular mail, CERTIFIED and RETURN RECEIPT to have physical proof of receipt. Remember, 1000 emails are easy to ignore and hide, but not 1000 envelopes.

**IMPORTANT:** In the mail copy, add a post-it note or an extra sheet of paper to read something like:

“This Complaint was also emailed/submitted through your electronic portal on **Month/Day/Year**. This mailed copy submitted as proof of deliver via the U.S. Post Office.”

- [ ] 3. The VRF Complaint will have biblical quotes. These are extremely important as the Bible is the most important legal document in American Jurisprudence (that is why they make you

swear to it in court), even though they never tell us that.<sup>2</sup> And it does not matter what your religion is, you can still use it in your favor. The biblical quotes are from the 1611 King James version for a reason, leave it as is, it is important, even though it might seem funny to you (example, they use the “u” instead of the “v”).

- [ ] 4. NEVER write your name ALL IN CAPITAL LETTER. This implies that you are a fictitious entity created by and under the jurisdiction of the government, when in fact you want to be recognized as a man or woman, child of God (whether you believe in God or not).
- [ ] 5. The template is already highlighted in yellow where you will add your particular information. Make sure you add your info first, then remove the highlight. IMPORTANT: **IN THE FIRST PAGE LEAVE YOUR NAME AND ADDRESS AND THE VACCINE TITLE AND SUBTITLE HIGHLIGHTED. IN THE SECOND PAGE LEAVE YOUR NAME HIGHLIGHTED IN THE INTRODUCTION.**
- [ ] 6. When you submit your complaint by email send it as a PDF file. MAKE SURE YOU SIGN THE COMPLAINT (page 19), AS WELL AS THE CONSENT FORM (page 22); so print it, sign it, then scan it to a PDF file. Being that others will be filing their own complaints, make sure that as a file name you use your full name first, then identify the document by name. An example would be: **“John Smith – Vaccine Religious Freedom Rights Complaint”**.
- [ ] 7. For purposes of filing a complaint where school/college/University attendance is prohibited without the required vaccines or a medical exemption, name the following Criminal Participants: (a) The school district superintendent or head of college/university, (b) the primary congressman that sponsored such legislation, and (3) the governor of the state that approved such legislation.

## **LISTING THE VRF COMPLAINT SECTIONS**

- Presidential Declaration and Instructions to Cabinet Secretaries
- General Jurisdictional Responsibility of Involved Authorities
- Introduction
- Specific Persons Affected Named in this Complaint
  - Petition to Expedite Complaint Investigation and Enforcement
- Conscience and Religious Freedom Right for a Person to get a Medical Exemption for his/her Child regarding Mandatory Vaccination
- Biblical Authority to Avoid Vaccination
- Listing of Complaint’s Criminal Participants
- SB 277 Does Not Eliminate the Religious Exemption to Vaccination (CA ONLY)
- HHS Federal Register Proposal to Modify Federal Regulations to reflect Conscience and Religious Freedom Rights
- Applicability of Conscience and Religious Freedom Rights for All Persons in My Class: “Anti-Mandatory Vaccine Advocates”
- Jurisdiction

---

<sup>2</sup> To understand the importance of the Catholic Church and the Bible in all western countries’ legal matters, see the documentary “History of the World: The Earth’s Religious and Political Power Structures – Then and Now” at <http://tinyurl.com/History-Of-The-World-NLCHH>.

- Interdepartmental Agency Obligation to Work Together
- Example of a Federal Agency Protecting a Man and or a Woman from being Vaccinated against their Conscience and Religious Freedom Rights – Mandatory Vaccines in Hospital Settings
- Previous Complaints related to Violation of Conscience and Religious Freedom Rights
- Alternate and Emergency Contact
- Remedy Requested
- Consent to HHS Complaint Procedures
- Declaration Statement
- Exhibits

#### EMAIL/FAX SUBMISSIONS:

- ☐ Email #1 to School District Admissions
- ☐ Email #2 to School District Superintendent
- ☐ Email #3 second email to School District Superintendent
- ☐ Email #4 FOIA/PRA Request to School District
- ☐ Email #5 submitting DOEd/DOJ emails and through HHS portal
- ☐ Fax #6

PERSONAL NOTES:

#### SAMPLE EMAIL TEXT FOR CORRESPONDENCE – SCHOOL VACCINATION PROGRAMS

Usually there will be three reasons why you might be required to vaccinate your child in order to go to school: (a) first time enrolled in school since the passage of the law, (b) moving to the next grade span, like going from 6<sup>th</sup> to 7<sup>th</sup> grade, and (3) you are already complying with vaccination requirements, but want to stop that for the following year. Modify the texts of the email to reflect your particular situation. It is better to do this correspondence by email to make this process faster.

**EMAIL #1.** First email to school district, such as administration office, admissions, school nurse, etc.

*"My name is **Your Full Name**. My child **Your Child's Full Name** will be attending your school next year. My child is not up-to-date on the mandatory vaccines and does not have a medical exemption. Please advise if my child will be allowed to attend school even though my child is not current on the school-mandated vaccines."*

**EMAIL #2.** Letter to Superintendent after Administration's reply that they will not accept your child.

*"Dear Superintendent **Superintendent Last Name**,*

*My child **Your Child's Full Name** is set to attend one of your **District Name** School District schools for the 2018-2019 school year, presently set to be **Name of School if Known**.*

*Due to my personal, medical, conscience and RELIGIOUS FREEDOM beliefs and rights, I do not vaccinate my children, including **Your Child's Name**. Therefore, **Your Child's Name** is not current on the required vaccines and we presently do not have any vaccine medical exemption for that purpose. Attached is my "Vaccine Conscience and Religious Rights Exemption Letter".*

*Last week I corresponded with **District Staff Full Name** from your district office, explaining the above and asking if your district and schools will allow **Your Child's Name** to attend without being up-to-date on such vaccines and without a medical exemption, simply complying with my request for an exemption based on my Religious Freedom beliefs and rights. **District Staff's Last Name** replied advising that either **Your Child's Name** gets current on vaccines or gets a medical exemption, or my child will not be allowed by your district to attend school. See email below.*

*I would appreciate it if you can reply and confirm that you will allow **Your Child's Name** to attend school as I request, or noting why my child will not be allowed to attend.*

*Respectfully submitted,*

**EMAIL #3.** If you receive a response that confirms your child will not be allowed to attend if not in compliance, then you are done here. Just make it part of your Exhibit 1.

If they reply and they say that they are considering your request, then send the email below. This is not only to give them an opportunity to take you more serious, but also because, if lucky, this may do the trick.

The following email is very specific as regards SB 277 and CA Gov. Brown, so make sure you edit accordingly:

"Good morning **District Staff Replying to you,**

As your staff and maybe legal department prepare to determine if you will allow my child to attend one of your schools even though **he/she** is not current on the required vaccines and does not presently have a medical exemption, I want you to consider the following:

1. Governor Brown's signing statement of Sept 30, 2012, pertaining to AB 2109 mandatory school vaccinations, includes a religious exemption that can be used by parents to avoid vaccination if parents are against such vaccination based on their religious beliefs, as is the case with me. It reads as follows:

"Additionally, I will direct the department (CA Dept. of Public Health) to allow for a separate religious exemption on the form. In this way, people whose religious beliefs preclude vaccinations will not be required to seek a health practitioner's signature."

Gov. Brown's signing statement of June 30, 2015 pertaining to SB 277 does not specifically state that the Governor has rescinded such exemption he ordered in his AB 2109 signing statement. See both signing statements at <https://tinyurl.com/AB2109-SB277-SigningStatements>.

2. A meticulous review of the text of SB 277 shows and proves that a "religious" exemption was not addressed at all by SB 277, which could have easily been included in such text if that was the intent. Therefore, such religious exemption is still allowed for me to use, even regardless of Gov. Brown's signing statement of AB 2109, and regardless of SB 277 and the statements from CDPH and school authorities that "claim" that SB 277 did away with such religious exemption. See SB 277 text at [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB277](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277).

3. Finally, in fairness to Superintendent **Superintendent's Last Name**, please be advised that if your reply to me on behalf of the Superintendent is that my child will not be allowed to attend one of your schools for not being current on his vaccines or not having a medical exemption, I will have no other alternative but to file a complaint against the Superintendent and the District with the U.S. Dept. of Education's Civil Rights Division, the U.S. Dept. of Justice's Civil Rights Division, and with the U.S. Dept. of Health and Human Services Civil Rights Division's newly formed Conscience and Religious Freedom Division for violation of my and my child's conscience and religious freedom rights, which are reflected primarily in the First Amendment of the U.S. Constitution, as well as in Title IV of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, national origin, sex, and religion in public schools and institutions of higher learning.

If you deny my child from going to school you will be violating your oath of office, which requires you to protect my U.S. Constitutional rights, and as a result you will be stripped of any and all government immunity. See Scheuer v. Rhodes, 416 U.S. 232, 94 S.Ct., 1683, 1687 (1974), which states in part,



*"When a state officer acts under a state law in a manner violative of the Federal Constitution, he "comes into conflict with the superior authority of that Constitution, and he is in that case stripped of his official or representative character and is subjected in his person to the consequences of his individual conduct.*

*The State has no power to impart to him any immunity from responsibility to the supreme authority of the United States."*

*I am hopeful that my child will be allowed to go to one of your fine schools, that you will address the issues I have presented in my correspondence, and that the District will not try to use any sort of trickery to avoid the issue altogether and claim that my child is not entitled to go to one of your schools for any other reason, which attendance has already been confirmed that my child has a right to attend by your staff.*

*I await your prompt response.*

*Respectfully Submitted,*

*Your Name*

*Your telephone number*

**EMAIL #4.** A day after you either (a) get the reply from the Superintendent advising your child will not be allowed, or (b) you send your second email giving them an opportunity to comply prior to filing a complaint, send the following CA Public Records Act request (state FOIA):

**ATTENTION: SUPERINTENDENT** **SUPERINTENDENT'S LAST NAME,**

*This is a request for public information under the California Public Records Act. The records sought and to what extent are described below:*

*(1) All documents and correspondence as defined below regarding any and all federal aid, benefits, assistance, etc. that the School District Name School District and/or its schools, has received DIRECTLY in any way, shape or form, from the federal agencies listed below, from June 30, 2015 to present. This includes, but is not limited to, any aid, benefits and/or assistance received DIRECTLY and INDIRECTLY from such federal agencies through other federal and California departments and agencies, such and the Dept. of Education, the Dept. of Health, any other California executive branch departments and agencies, or any other federal or state organization or entity. Such federal or state entities include:*

*(a) The U.S. Department of Health and Human Services, and any division or associated organizations, including the U.S. Centers for Disease Control and Prevention, and the U.S. Food and Drug Administration*

*(b) The U.S. Department of Education*

*(c) The U.S. Department of Justice*



*(d) National Association of County and City Health Officials (NACCHO)*

*(e) Any and all other federal agencies*

*Please reply individually for each such agency.*

*(2) In the alternative, please reply in District correspondence letterhead by simply confirming if you have in the past, present, and or plan to receive in the future any assistance from the above named federal agencies, and list individually which federal agencies they were, including explaining if,*

*(a) The assistance was direct from such federal agency*

*(b) The assistance was received indirectly from another California or other state agency*

*As used herein, information, documentation, correspondence and/or communication means all communications between and among the above parties in any form, including but not limited to hand written, typed, written, email (together with any attachments therein, including images), electronic, recorded; including notes, accounting receipts, PowerPoint presentations, flyers, invitations, publications, webinar recordings, accounting records and receipts, vouchers, and the like, etc.*

*If any or all documents do not exist please note that specifically for each federal agency in your response.*

*I request that you disclose these documents and materials as they become available to you, without waiting until all the documents have been assembled, unless you choose to simply confirm such receipt of assistance as noted in (2) above.*

*The request is not for paper copies, but only for an electronic version of them. If there are any fees for searching or copying these records, please inform me if the cost will exceed \$10.00. However, I would also like to request a waiver of all fees in that the disclosure of the requested information is in the public's interest and will contribute significantly to the public's understanding of how the District receives federal funding and complies with federal requirements. This information is not being sought for commercial purposes.*

*The California Public Records Act requires a response within ten business days. If access to the records I am requesting will take longer, please contact me with information about when I might expect such copies. Please provide all materials in electronic format by reply email.*

*Government Code 6253 (c) states that "when the agency dispatches the determination, and if the agency determines that the request seeks disclosable public records, the agency shall state the estimated date and time when the records will be made available." Further, section (d) states that "nothing in this chapter shall be construed to permit an agency to delay or obstruct the inspection or copying of public records."*

*If you deny any part of or this entire request, please cite each specific exemption you feel justifies the refusal to release the information and under what legal authority, and notify me of the appeal procedures available to me under the law.*

*Please advise when I can expect a reply to my email and the requested information. Thank you for your attention to my request.*

*Respectfully submitted,*

*Your Name (in format: John Smith)*

*Street address*

*City, State*

*Phone number*

**EMAIL #5.** Email to DOEd and DOJ when **Submitting Complaint.**

**(IMPORTANT:** Remember, you are not using a particular email for HHS, they have a particular portal to be used. Information on submitting on the HHS portal is below).

*Dear Sir or Madam,*

*My name is **Your Name**. Attached you will find my Vaccine Religious Freedom Class Action Complaint, submitted as specified and allowed by your department's Civil Rights complaint procedures, as noted in your website instructions. Be advised that the complaint includes a Consent Agreement and a Consent Form allowing your department to investigate my complaint and share my information where necessary. Further, I request the following:*

*(1) If my Complaint is found to be deficient in any manner due to it missing any required elements, please advise me immediately so I can correct such omission(s) and resubmit a corrected version.*

*(2) Please provide me the file/complaint identification number assigned to my complaint for my records.*

*(3) Please reply to this email with the information noted above to confirm receipt and that it will be taken into consideration for possible investigation and enforcement.*

*Please let me know if you have any questions.*

*Respectfully Submitted,*

***Your Name***

***Street address***

***City, State***

Your phone number

**FAX #6. SPECIFIC FOR CALIFORNIA AND GOVERNOR BROWN:**

After you file your complaint FAX (916-558-3160) the following letter to Gov. Brown. You can also send it by mail certified and return receipt: Governor Edmund G. Brown, c/o State Capitol, Suite 1173, Sacramento, CA 95814

# FAX

Date: March 9, 2018

From: Ricardo Beas

To: **Governor Edmund G. Brown Jr.**

Fax# **Fax: (916) 558-3160**

Pages: 2

Re: **NOTICE OF GOV. BROWN'S CONSCIENCE AND  
RELIGIOUS FREEDOM RIGHTS CLASS ACTION COMPLAINT**

---

*Governor Brown,*

*Be advised that today I as well as others have filed a formal Conscience and Religious Freedom Rights violation complaint against you, Senator Richard Pan and one of my children's School District Superintendent with the civil rights division of the U.S. Department of Education and the U.S. Department of Justice, as well as with the new Conscience and Religious Freedom Division of the U.S. Department of Health and Human Services.*

*This complaint, our Vaccine Religious Freedom Class Action Complaint is based on your signing statement of June 30, 2015 regarding Senate Bill 277, where your actions and inactions in allowing the California Department of Public Health (CDPH) to issue rules to California elementary and high school districts banning the use of a religious exemption to avoid required child vaccination in order to attend school is violating our U.S. Constitution First Amendment right as well as Title IV of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, national origin, sex, and religion in public schools and institutions of higher learning. Such violations also include a violation of multiple California Constitution sections. You can see a copy of such complaint at <https://tinyurl.com/VRFComplaint-RB>.*

*To avoid personal liability for your violation of such rights you must do the following immediately:*

*1. Issue a new signing statement noting that the "religious exemption" you allowed for AB 2109 in your signing statement of September 30, 2012 was not eliminated by your signing statement for SB 277 and that therefore such religious exemption is still applicable for parents to use in order to have their children attend school without being current on their vaccines.*

*2. Order the CDPH to inform schools that such "religious exemption" is still valid and that parents need only submit a letter to that effect for such purposes. Also, instruct CDPH to create a form that parents can use for that purpose, without any fraudulent, incriminating and ridiculous language as was used by the CDPH when they issued AB 2109 related form CDPH 8262, where it states,*

*"Religious beliefs: I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners."*

*The fact that a parent is against vaccination does not mean that they are against seeking advice or treatment from a physician for any other health or medical reason.*

*Please do the honorable thing and neutralize the unconstitutionally issued SB 277 and veto any and all future similar Assembly or Senate bills affecting my conscience and religious freedom rights. To do otherwise will be to violate your oath of office by violating my constitutional rights, which will strip you from any and all government immunity. See Scheuer v. Rhodes, 416 U.S. 232, 94 S.Ct., 1683, 1687 (1974), which states in part,*

*"When a state officer acts under a state law in a manner violative of the Federal Constitution, he "comes into conflict with the superior authority of that Constitution, and he is in that case stripped of his official or representative character and is subjected in his person to the consequences of his individual conduct.*

*The State has no power to impart to him any immunity from responsibility to the supreme authority of the United States."*

*Respectfully Submitted,*

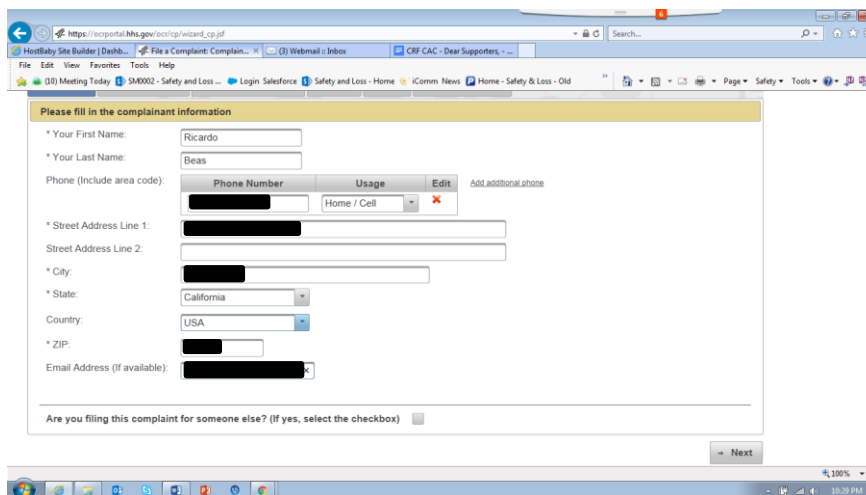
*Your Name  
City, State  
Phone Number  
Email Address*

## **SUBMITTING THROUGH THE HHS CRF DIVISION PORTAL**

As noted above, the HHD Conscience and Religious Freedom Division (CRF Division) portal is not set up properly for a parent requesting assistance in getting their child in school without

vaccination or a medical exemption, and therefore, by their own recommendation, when submitting your complaint through the CRF Division portal, do the following:

1. Go to their page at <https://www.hhs.gov/conscience>.
2. Click on **Filing a Complaint**.
3. Click on **File a Complaint Online**.
4. Go to **Question 1** and choose **“Violation of Conscience or Religious Freedom”**. Click **Next**.
5. For **Question 2** (employer discrimination) choose **“No”**. Click **Next**.
6. For **Question 3** (health insurance, etc.) choose **“No”**. Click **Next**.
7. For **Question 4** (school discrimination) choose **“Yes”**. Click **Next**.
8. For **Question 5** (related to nursing, etc.) choose **“Yes”**. Click **Next**.
9. Click on **“File a Complaint”**. It will ask you if you are sure you want to **navigate out** of that page, choose **“yes”**.
10. Click on **“File a Conscience and Religious Freedom Complaint”**.
11. Follow the example below as to how I filled each box. These are all screen shots I took as I filled the questionnaire. I have redacted some of my personal info for privacy reasons.



The screenshot shows a web browser window displaying the HHS Conscience and Religious Freedom Complaint form. The form is titled "Please fill in the complainant information" and contains the following fields:

- \* Your First Name: Ricardo
- \* Your Last Name: Beas
- Phone (include area code): A table with columns for Phone Number, Usage, and Edit. The Phone Number field is redacted, and the Usage dropdown is set to "Home / Cell".
- \* Street Address Line 1: Redacted
- Street Address Line 2: Redacted
- \* City: Redacted
- \* State: California
- Country: USA
- \* ZIP: Redacted
- Email Address (if available): Redacted

At the bottom of the form, there is a checkbox labeled "Are you filing this complaint for someone else? (If yes, select the checkbox)". A "Next" button is located at the bottom right of the form.

HostBaby Site Builder | Dashboard | File a Complaint: Complaint... | Webmail: Inbox | CRF CAC - Dear Supporters...

Please fill in the complaint details

\* I believe that I have been (or someone else has been) discriminated against on the basis of:

- ☐ Race / Color / National Origin
- ☐ Age
- ☒ Religion / Conscience
- ☐ Sex
- ☐ Disability
- ☐ Other (specify)

Who or what agency or organization do you believe discriminated against you (or someone else)?

\* Person or Agency/Organization? ☐ Person ☒ Agency/Organization

\* Agency/Organization: Sweetwater Union High School District

\* Street Address Line 1: 1130 Fifth Ave

Street Address Line 2:

\* City: Chula Vista

\* State: California

\* Country: USA

Street Address Line 2:

\* City: Chula Vista

\* State: California

\* Country: USA

\* ZIP: 91911

Phone (include area code):

Phone Number	Usage	Edit
(619) 691-5500	Work	<input type="button" value="X"/>

Add additional phone

Violation Date(s):

Violation Date	Edit
02/15/2018	<input type="button" value="X"/>

Add additional date

\* Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

The Sweetwater Union High School District is discriminating against my Daughter Annette Beas' Conscience and Religious Freedom Right to attend school without any SB 277 mandated school vaccines or a medical exemption. They have admitted that they will not allow her to go to school unless she receive all such mandated vaccines or has a medical exemption.

The attached Vaccine Religious Freedom Class Action Complaint has all the

02/15/2018

\* Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

The Sweetwater Union High School District is discriminating against my Daughter Annette Beas' Conscience and Religious Freedom Right to attend school without any SB 277 mandated school vaccines or a medical exemption. They have admitted that they will not allow her to go to school unless she receive all such mandated vaccines or has a medical exemption.

The attached Vaccine Religious Freedom Class Action Complaint has all the details regarding such discrimination and violation of our US Constitutional rights as reaffirmed in the U.S. Constitutions' First Amendment, among other violations.

Typed 3402 characters out of 4000 allowed.

Attach Additional Files:

Up to 10 MB per file. (txt, doc, docx, zip, xls, xlsx, rtf, pdf)

Files Attached to this complaint:

File Name	Size	File Type	Edit
Ricardo Beas - Vaccine Religious Freedom Complaint .pdf	618 KB	Complaint Description	<input type="button" value="Remove"/>

**IMPORTANT:** This is where you will “Describe briefly what happened” as regards to you and your child. You will be making a short statement like mine and then simply referring to the VRF Complaint for backup information. My Description reads:

*“The Sweetwater Union High School District is discriminating against my daughter Annette Beas’s Conscience and Religious Freedom Right to attend school without any SB 277 mandated school vaccines or a medical exemption. They have admitted that they will not allow*

*The attached Vaccine Religious Freedom Class Action Complaint has all the details regarding such discrimination and violations of our U.S. Constitutional rights as reaffirmed in the U.S. Constitution's First Amendment, among other violations."*

The screenshot shows a web browser window at the URL https://ecportal.mhs.gov/ecsp/cg/wizard\_cp.pl. The browser's address bar and menu bar are visible. The page title is "Hostathly Site Builder | Devel...". The main content area has a header with navigation links like "File", "Edit", "View", "Favorites", "Tools", and "Help". Below this is a section titled "Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)". This section includes a form with fields for "Person/Agency/Organization/Court Name", "Date Filed", "Case Number (if known)", and "Edit". A message below the first field states "No records found". To the right of these fields is a link labeled "Add additional item". Below this section is a heading "Attach Additional Files:" followed by a "Browse" button. Underneath the button is a note: "Up to 10 MB per file. (txt,doc,docx,zip,xls,xlsx,rft,pdf)". Below this is a table listing files attached to the complaint. The table has four columns: "File Name", "Size", "File Type", and "Edit". Two files are listed: "Ricardo Beas - Vaccine Religious Freedom Complaint .pdf" (618 KB, Complaint Description) and "Criminal Complaint - Vaccines - US Dept Justice.pdf" (1226 KB, Filed Elsewhere). Each row has a "Remove" link in the "Edit" column. At the bottom of the page, there is a section titled "To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing)." This section contains two questions: "Ethnicity:" with radio buttons for "Hispanic or Latino" and "Not Hispanic or Latino", and "Race:" with a checkbox for "American Indian or Alaska Native". The browser's status bar at the very bottom shows the taskbar and system clock.



Up to 10 MB per file. (txt, doc, docx, zip, xls, xlsx, rtf, pdf)

Files Attached to this complaint:

File Name	Size	File Type	Edit
Ricardo Beas - Vaccine Religious Freedom Complaint. pdf	618 KB	Complaint Description	<a href="#">Remove</a>
Criminal Complaint - Vaccines - US Dept Justice.pdf	1226 KB	Filed Elsewhere	<a href="#">Remove</a>

To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

Ethnicity: ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Other Pacific Islander  
☐ Black or African American  
☒ White  
☐ Other (specify) \_\_\_\_\_

Primary Language Spoken (if other than English):

How did you learn about the Office for Civil Rights?  
☐ HHS Website/Internet Search

Native Hawaiian or Other Pacific Islander  
☐ Black or African American  
☒ White  
☐ Other (specify) \_\_\_\_\_

Primary Language Spoken (if other than English):

How did you learn about the Office for Civil Rights?  
☒ HHS Website/Internet Search  
☐ Family/Friend/Associate  
☐ Religious/Community Org  
☐ Lawyer/Legal Org  
☐ Phone Directory  
☐ Employer  
☐ Fed/State/Local Gov  
☐ Healthcare Provider/Health Plan  
☐ Conference/OCR Brochure  
☐ Other (specify) \_\_\_\_\_

[Back](#) [Next](#)

**Complaint Portal - File a Conscience and Religious Freedom Complaint** Form Approved: OMB No. 0960 - 0269

To file a complaint, please enter information in the wizard pages below. A field with an asterisk (\*) before it is a required field.

Complainant Complaint Details Additional Information **Signature** Consent Review and Submit

**Please sign this complaint.**

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Sections 1553 and 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Church Amendments, the Coats-Snowe Amendment, the Weldon Amendment, and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws.

You are not required to use this format. You may write a letter or mail a complaint with the same information. To mail a complaint, please send to HHS Office for Civil Rights, Central Intake Unit, 200 Independence Avenue, S.W., Room 509 F, Washington, D.C. 20201.

\* After reading the above information, please check ONLY ONE of the following boxes:

☒ AGREE: I have read, understand, and agree to the above.  
☐ DECLINE: I have read and understand the above. But I do not agree with it.

[Back](#) [Next](#)



https://portal.hhs.gov/ocr/cp/wizard\_cp.pdf

HostBaby Site Builder | Dashboard | File > Complaint Review en... | Webmail | Inbox | CRF CAC - Dear Supporters, ...

File Edit View Favorites Tools Help

(D) Meeting Today (D) SM002 - Safety and Loss ... Login Salesforce Safety and Loss - Home iComm News Home - Safety & Loss - Old Page Safety Tools

\* State California Country USA \* ZIP [REDACTED] Email Address (if available) [REDACTED]

Are you filing this complaint for someone else? No

\* I believe that I have been (or someone else has been) discriminated against on the basis of:

- Religion / Conscience

Who or what agency or organization do you believe discriminated against you (or someone else)?

\* Person or Agency/Organization? Agency/Organization

Agency/Organization: Sweetwater Union High School District

\* Street Address Line 1: 1130 Fifth Ave

Street Address Line 2:

\* City: Chula Vista

\* State California Country USA ZIP: 91911

ZIP: Phone Number Usage

(619) 691-5500 Work

\* When do you believe that the civil right discrimination occurred?

Date(s) Selected: Violation Date

02/15/2018

https://portal.hhs.gov/ocr/cp/wizard\_cp.pdf

HostBaby Site Builder | Dashboard | File > Complaint Review en... | Webmail | Inbox | CRF CAC - Dear Supporters, ...

File Edit View Favorites Tools Help

(D) Meeting Today (D) SM002 - Safety and Loss ... Login Salesforce Safety and Loss - Home iComm News Home - Safety & Loss - Old Page Safety Tools

Date(s) Selected: Violation Date

02/15/2018

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

The Sweetwater Union High School District is discriminating against my Daughter Annette Beas' Conscience and Religious Freedom Right to attend school without any SB 277 mandated school vaccines or a medical exemption. They have admitted that they will not allow her to go to school unless she receive all such mandated vaccines or has a medical exemption.

The attached Vaccine Religious Freedom Class Action Complaint has all the details regarding such discrimination and violation of our US Constitutional rights as reaffirmed in the U.S. Constitutions' First Amendment, among other violations.

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Sections 1553 and 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Church Amendments, the Coats-Snowe Amendment, the Weldon Amendment, and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws.

You are not required to use this format. You may write a letter or mail a complaint with the same information. To mail a complaint, please send to HHS Office for Civil Rights, Central Intake Unit, 200 Independence Avenue, S.W., Room 509 F, Washington, D.C. 20201.

\* Signature: AGRKE: I have read, understand, and agree to the above.

Do you need special accommodations for us to communicate with you about this complaint?

- Electronic mail

https://portal.hhs.gov/ocr/cp/wizard\_cp.pdf

HostBaby Site Builder | Dashboard | File > Complaint Review en... | Webmail | Inbox | CRF CAC - Dear Supporters, ...

File Edit View Favorites Tools Help

(D) Meeting Today (D) SM002 - Safety and Loss ... Login Salesforce Safety and Loss - Home iComm News Home - Safety & Loss - Old Page Safety Tools

You are not required to use this format. You may write a letter or mail a complaint with the same information. To mail a complaint, please send to HHS Office for Civil Rights, Central Intake Unit, 200 Independence Avenue, S.W., Room 509 F, Washington, D.C. 20201.

\* Signature: AGRKE: I have read, understand, and agree to the above.

Do you need special accommodations for us to communicate with you about this complaint?

- Electronic mail

If we cannot reach you directly, is there someone we can contact to help us reach you?

First Name : Eva Last Name : Beas

Phone : Phone Number Usage

[REDACTED] Home / Cell

Street Address Line 1:

Street Address Line 2:

\* City: [REDACTED]

\* State California Country USA ZIP: [REDACTED] Email Address (if available):

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

Filed Elsewhere: Person/Agency/Organization/Court Name Date Filed Case Number (if known)

No records found

Consent Selection:

CONSENT: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HRHS' investigation, conciliation, or enforcement process.

File Uploaded:

File Name	Size (Byte)	File Type
Ricardo Beas - Vaccine Religious Freedom Complaint .pdf	618346	Complaint Description
Criminal Complaint - Vaccines - US Dept Justice.pdf	1226012	Filed Elsewhere

Please review the information on this page for accuracy. When finished, please select the "Submit This Complaint" button at the bottom to submit the complaint. Please do not fax, email, or mail a copy of this complaint to us as that may delay the processing of your complaint.

[Submit This Complaint](#)

[Back](#)

If you need help filing a civil rights, conscience and religious freedom, or health information privacy complaint, please email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call 1-800-368-1019. We provide alternative formats (such as Braille and large print), auxiliary aids and services (such as a relay service), and language assistance.

If you need other information on this web site translated or provided in alternative formats, please email us at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

U.S. Department of Health & Human Services | 300 Independence Avenue, S.W. | Washington, D.C. 20201

https://portal.hhs.gov/complaint\_confirmations/

HostBility Site Builder | Dashboard | U.S. Department of Health and Human Services | External - Inbox | CFC CAC - Dear Supporters, ...

File Edit View Favorites Tools Help

Meeting Today | SA0002 - Safety and Loss ... | Login Salesforce | Safety and Loss - Home | iComm News | Home - Safety & Loss - Old

Page Safety Tools

U.S. Department of Health and Human Services  
Office for Civil Rights  
Complaint Portal: Cons...

Complaint Detail

Print

RE: 14203582

Thank you for filing a complaint via the website of the Office for Civil Rights (OCR) at the Department of Health and Human Services. This is an automated response to acknowledge receipt of your complaint. Your complaint will be assigned to an OCR staff member for review and appropriate action. If OCR has any questions about the complaint you submitted, we will contact you directly. Otherwise, you will receive a written response indicating whether or not OCR has accepted your complaint for investigation.

Please do not fax, email, or mail a copy of this complaint to us as that may delay the processing of your complaint.

If you have any additional information to add to your complaint, you may call 1-800-368-1019. Please reference the number given by OCR when submitting your complaint.

\* Your First Name: Ricardo \* Your Last Name: Beas

Phone: [Redacted] [Redacted]

Phone Number Usage

Home / Cell

Street Address Line 1: [Redacted]

Street Address Line 2: [Redacted]

\* City: [Redacted]

Complaint Form Confirmation

RE: 14203582

Thank you for filing a complaint via the website of the Office for Civil Rights (OCR) at the Department of Health and Human Services. This is an automated response to acknowledge receipt of your complaint. Your complaint will be assigned to an OCR staff member for review and appropriate action. If OCR has any questions about the complaint you submitted, we will contact you directly. Otherwise, you will receive a written response indicating whether or not OCR has accepted your complaint for investigation.

Please do not fax, email, or mail a copy of this complaint to us as that may delay the processing of your complaint.

If you have any additional information to add to your complaint, you may call 1-800-368-1019. Please reference the number given by OCR when submitting your complaint.

Automated response to acknowledge receipt of your complaint. Your complaint will be assigned to an OCR staff member for review and appropriate action. If OCR has any questions about the complaint you submitted, we will contact you directly. Otherwise, you will receive a written response indicating whether or not OCR has accepted your complaint for investigation.

Submitting your complaint.

Show Details or Print

10:51 PM



U.S. Department of Health and Human Services  
Office for Civil Rights  
Complaint Portal: Confirmation

Please Note: The Complaint Portal will be offline for maintenance on 02/15/2018 from 10:00 AM to 12:00 PM.

Complaint Form Confirmation  
RE: 14203582  
Thank you for filing a complaint via the Complaint Portal. Your complaint will contact you directly. Otherwise, you will contact you directly. Please do not fax, email, or mail a copy of your complaint to the Department of Health and Human Services. If you have any additional information to provide, please contact the Department of Health and Human Services at 1-800-368-1019.

Complaint Detail

\* City: [REDACTED]  
\* State: California  
\* Country: USA  
\* ZIP: [REDACTED]  
\* Email Address (if available): [REDACTED]

Are you filing this complaint for someone else?: No

\* I believe that I have been (or someone else has been) discriminated against on the basis of:  
\* Religion / Conscience

Who or what agency or organization do you believe discriminated against you (or someone else)?  
\* Person or Agency/Organization? Agency/Organization  
Agency/Organization: Sweetwater Union High School District  
\* Street Address Line 1: 1130 Fifth Ave  
\* Street Address Line 2:  
\* City: Chula Vista  
\* State: California  
\* Country: USA  
\* ZIP: 91911

Show Details or Print

U.S. Department of Health and Human Services  
Office for Civil Rights  
Complaint Portal: Confirmation

Please Note: The Complaint Portal will be offline for maintenance on 02/15/2018 from 10:00 AM to 12:00 PM.

Complaint Form Confirmation  
RE: 14203582  
Thank you for filing a complaint via the Complaint Portal. Your complaint will contact you directly. Otherwise, you will contact you directly. Please do not fax, email, or mail a copy of your complaint to the Department of Health and Human Services. If you have any additional information to provide, please contact the Department of Health and Human Services at 1-800-368-1019.

Complaint Detail

(619) 691-5500 Work

\* When do you believe that the civil right discrimination occurred?  
Date(s) Selected: Violation Date  
02/15/2018

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)  
The Sweetwater Union High School District is discriminating against my Daughter Annette Beas' Conscience and Religious Freedom Right to attend school without any 50 277 mandated school vaccine or a medical exemption. They have admitted that they will not allow her to go to school unless she receive all such mandated vaccines or has a medical exemption.  
The attached Vaccine Religious Freedom Class Action Complaint has all the details regarding such discrimination and violation of our US Constitutional rights as reaffirmed in the U.S. Constitution's First Amendment, among other violations.

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Sections 1553 and 1557 of the Affordable Care Act, Title VI of the

Show Details or Print

U.S. Department of Health and Human Services  
Office for Civil Rights  
Complaint Portal: Confirmation

Please Note: The Complaint Portal will be offline for maintenance on 02/15/2018 from 10:00 AM to 12:00 PM.

Complaint Form Confirmation  
RE: 14203582  
Thank you for filing a complaint via the Complaint Portal. Your complaint will contact you directly. Otherwise, you will contact you directly. Please do not fax, email, or mail a copy of your complaint to the Department of Health and Human Services. If you have any additional information to provide, please contact the Department of Health and Human Services at 1-800-368-1019.

Complaint Detail

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Sections 1553 and 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Church Amendments, the Coats-Snowe Amendment, the Weldon Amendment, and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws.

You are not required to use this format. You may write a letter or mail a complaint with the same information. To mail a complaint, please send to HHS Office for Civil Rights, Central Intake Unit, 200 Independence Avenue, S.W., Room 509 F, Washington, D.C. 20201.

\* Signature: AGREE: I have read, understand, and agree to the above.

Do you need special accommodations for us to communicate with you about this complaint?

Show Details or Print

U.S. Department of Health and Human Services  
Office for Civil Rights  
Complaint Portal: Consent

Please Note: The Complaint Portal will be offline for maintenance on 10/1/2014 from 12:00 AM to 12:00 PM.

Complaint Form Confirmation

RE: 14203582

Thank you for filing a complaint via the Complaint Portal. Your complaint will contact you directly. Otherwise, you will contact you directly. Please do not fax, email, or mail a copy of your complaint to the Office for Civil Rights. If you have any additional information to provide, please contact the Office for Civil Rights at 1-800-368-1019.

Complaint Detail

Signature: I agree: I have read, understand, and agree to the above.

Do you need special accommodations for us to communicate with you about this complaint?

- Electronic mail

If we cannot reach you directly, is there someone we can contact to help us reach you?

First Name: [Redacted] Last Name: [Redacted]  
Phone: [Redacted] Home / Cell [Redacted]

Street Address Line 1: [Redacted]  
Street Address Line 2: [Redacted]  
City: [Redacted]  
State: California Country: USA ZIP: [Redacted] Email Address (if available): [Redacted]

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

City: [Redacted] State: [Redacted] Country: [Redacted] ZIP: [Redacted] Email Address (if available): [Redacted]

Show Details or Print

U.S. Department of Health and Human Services  
Office for Civil Rights  
Complaint Portal: Consent

Please Note: The Complaint Portal will be offline for maintenance on 10/1/2014 from 12:00 AM to 12:00 PM.

Complaint Form Confirmation

RE: 14203582

Thank you for filing a complaint via the Complaint Portal. Your complaint will contact you directly. Otherwise, you will contact you directly. Please do not fax, email, or mail a copy of your complaint to the Office for Civil Rights. If you have any additional information to provide, please contact the Office for Civil Rights at 1-800-368-1019.

Complaint Detail

City: [Redacted] State: California Country: USA ZIP: [Redacted] Email Address (if available): [Redacted]

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

Filed Elsewhere:	Person/Agency/Organization/Court Name	Date Filed	Case Number (if known)
No records found			

To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

Ethnicity: [Redacted]  
Race: [Redacted]  
Primary Language Spoken (if other than English): [Redacted]

How did you learn about the Office for Civil Rights?

- HHS Website/Internet Search

Show Details or Print

U.S. Department of Health and Human Services  
Office for Civil Rights  
Complaint Portal: Consent

Please Note: The Complaint Portal will be offline for maintenance on 10/1/2014 from 12:00 AM to 12:00 PM.

Complaint Form Confirmation

RE: 14203582

Thank you for filing a complaint via the Complaint Portal. Your complaint will contact you directly. Otherwise, you will contact you directly. Please do not fax, email, or mail a copy of your complaint to the Office for Civil Rights. If you have any additional information to provide, please contact the Office for Civil Rights at 1-800-368-1019.

Complaint Detail

Primary Language Spoken (if other than English): [Redacted]

How did you learn about the Office for Civil Rights?

- HHS Website/Internet Search

COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint, however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Show Details or Print



