



2. Community Health Options' Response to Complaint:

_____ No Action Taken

Date

_____ Further Review Required

Date

_____ Final Disposition

Date

Comments:

Notice of Rights

You also have the right to complain directly to the Secretary of the U.S. Department of Health and Human Services at the following address:

Region I, Office for Civil Rights, U.S. Department of Health and Human Services,
Government Center, J.F. Kennedy Federal Building—Room 1875 Boston,
Massachusetts 02203.

Voice phone (800) 368-1019. FAX (202) 619-3818. TDD (800) 537-7697.

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