



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS (OCR)
CIVIL RIGHTS DISCRIMINATION COMPLAINT**

Form Approved: OMB No. 0990-0269.
See OMB Statement on Reverse.



YOUR FIRST NAME Matthew		YOUR LAST NAME Bowman	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code) (202) 393-8690	
STREET ADDRESS Attorney for Anne Marie Dust, Alliance Defense Fund, 801 G Street NW			CITY Washington
STATE DC	ZIP 20001	E-MAIL ADDRESS (If available) mbowman@telladf.org	

Are you filing this complaint for someone else? Yes No
If Yes, whose civil rights do you believe were violated?

FIRST NAME Anne Marie	LAST NAME Dust
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I believe that I have been (or someone else has been) discriminated against on the basis of:

Race / Color / National Origin Age Religion Sex
 Disability Other (specify): the right not to be discriminated against for objecting to assist abortions, 42 U.S.C. § 300a-7(c) & (e)

Who or what agency or organization do you believe discriminated against you (or someone else)?
PERSON/AGENCY/ORGANIZATION
Vanderbilt University, Vanderbilt University Medical Center Nurse Residency Program, Vanderbilt University Medical Center Recruitment

STREET ADDRESS Village at Vanderbilt, Att: Vanderbilt Nurse Residency Program Committee, 1500 21st Ave. S. Suite 1516		CITY Nashville
STATE TN	ZIP 37,212	PHONE (Please include area code) +1 (615) 322-5000

When do you believe that the civil right discrimination occurred?
LIST DATE(S)
January 10, 2011 and ongoing

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)

See attached letter with explanation.

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE <i>Anne Marie Dust</i>	DATE (mm/dd/yyyy) 1/11/2011
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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 Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 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 form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at: www.hhs.gov/ocr/civilrights/complaints/index.html. To mail a complaint see reverse page for OCR Regional addresses.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

- Braille
 Large Print
 Cassette tape
 Computer diskette
 Electronic mail
 TDD
 Sign language interpreter (specify language): _____
 Foreign language interpreter (specify language): _____
 Other: _____

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

FIRST NAME Matthew		LAST NAME Bowman	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code) +1 (202) 393-8690	
STREET ADDRESS Attorney for Anne Marie Dust, Alliance Defense Fund, 801 G Street NW			CITY Washington
STATE DC	ZIP 20,001	E-MAIL ADDRESS (If available) mbowman@telladf.org	

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

PERSON/AGENCY/ORGANIZATION/ COURT NAME(S)

No

DATE(S) FILED	CASE NUMBER(S) (If known)
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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 (select one) RACE (select one or more)

Hispanic or Latino
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Not Hispanic or Latino
 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): _____

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

<p align="center">Region I - CT, ME, MA, NH, RI, VT</p> Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX	<p align="center">Region V - IL, IN, MI, MN, OH, WI</p> Office for Civil Rights, DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX	<p align="center">Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions</p> Office for Civil Rights, DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX
<p align="center">Region II - NJ, NY, PR, VI</p> Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX	<p align="center">Region VI - AR, LA, NM, OK, TX</p> Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX	
<p align="center">Region III - DE, DC, MD, PA, VA, WV</p> Office for Civil Rights, DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX	<p align="center">Region VII - IA, KS, MO, NE</p> Office for Civil Rights, DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD) (816) 426-3686 FAX	
<p align="center">Region IV - AL, FL, GA, KY, MS, NC, SC, TN</p> Office for Civil Rights, DHHS 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX	<p align="center">Region VIII - CO, MT, ND, SD, UT, WY</p> Office for Civil Rights, DHHS 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	<p align="center">Region X - AK, ID, OR, WA</p> Office for Civil Rights, DHHS 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. **Please do not mail complaint form to this address.**

HHS-699 (7/09) (BACK)