

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

1 Approved: OMB No. 0990-0269 See OMB Stelement on Reverse

DISCRIMINATION COMPLAINT

If you have questions about this form, call OCR (toll-free) at: 1-800-368-1019 (any language) or 1-800-537-7697 (TDD)

YOUR FIRST NAME			YOUR LAST NAME		•
Debra HOME PHONE			Vinnedge WORK PHONE		Deleted:
					Deleted:
(727,),526-8839			727 538-5558		Deleted:
STREET ADDRESS 2130 Catalina Dr				CITY Clearwater	Deleted:
					Deleted: ()
STATE	ZIP		E-MAIL ADDRESS (Deleted:
<u>FL</u> 33764			debi@cogforlife.org		Deleted:
Are you filing this complaint for someone else? ×Yes No					Deleted:
If Yes, against whom do you believe the discrimination was directed?					Deleted:
FIRST NAME			LAST NAME		Deleted:
Theresa			Schiavo		Deleted:
I believe that I have been (or someone else has been) discriminated against on the basis of:					Deleted:
Race / Color / National Origin	Race / Color / National Origin Age & Religion Gender (Male/Female)				Deleted:
<u>∡</u> Disability	Cother (specify): Theresa Schiavo is being denied her civil rights				Deleted:
Who do you think discriminated against you (or someone else)?					Deleted:
PERSON/AGENCY/ORGANIZATION	Deleted:				
Michael Schiavo, Jude Greer, Debra Bushnell, Felos & Felos PA, Pinellas Park Police					Deleted:
STREET ADDRESS CITY					Deleted:
6374 102nd St				Pinellas Park	Formatted: Spanish (Spain-Modern Sort)
STATE	33782		PHONE J27 586-4432		Deleted:
<u>FL</u>			72/300-11-2		Deleted:
When do you believe that the discrimination took place? LIST DATE(S) Jeginning 1993 through present October 23, 2003					Deleted:
					Deleted:
Describe briefly what happened. How and why do you believe you (or someone else) were discriminated against? Please be as specific as possible. (Attach additional pages as needed) Theresa Schiavo was awarded \$700,000,000 for therapy and treatment by the courts in 1993. To date, the husband Michael Schiavo who is					Deleted: ()
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guardian has refused to provide treatment in accordance with the court order. Instead, he has used the funds for legal costs, personal security					Deleted:
guards for himself and to bring a with the local police guards have	bout her death by cou refused Theresa her	irt action to remo	ve her feeding tube.	In addition, attorneys and Michael Schiavo along union, beginning October 21st through present.	ı
Please sign and date this complaint. Debra L. Vinnedge				Date: October 23, 2003	Deleted: SIGNATURE
					Deleted: DATE
				000	

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 for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from Health and Human Services (HHS) to intimidate, threaten, coerce, or discriminate or retaliate against you for filling 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 our web site at: www.hhs.gov/ocr/discrimhowtofile.html. To mail a complaint see reverse page for OCR Regional addresses.

HHS-699 (4/03) (FRONT)