

DHCS LANGUAGE ACCESS DISCRIMINATION COMPLAINT PROCESS

(TITLE VI AND the Dymally-Alatorre Bilingual Services Act)

COMPLAINANT RIGHTS

State and Federal law requires the State of California Department of Health Care Services to provide services in languages other than English for people who have limited English proficiency.

Federal law states that all organizations receiving federal money must take steps to ensure that federal money is not used for a discriminatory purpose. All people and organizations providing Medi-Cal assistance in California must respect a consumer's rights and prohibit discrimination in the administration of Medi-Cal services, including accessibility to services for Limited English Proficient (LEP) individuals. The Department of Health Care Services (DHCS) Office of Civil Rights (OCR) has established this complaint process for Medi-Cal consumers to voice complaints of alleged language access discrimination against any individual or organization that they believe has engaged in this type of discrimination.

In regard to complaints of discrimination the complainant has a right to:

- File a written complaint with the Department of Health Care Services (DHCS) Office of Civil Rights (OCR) within one year (365) days from the alleged unlawful discrimination. The written complaint must state the action perceived to be discriminatory, and the specific remedy(ies) sought by the complainant
- File a complaint under Title VI of the Civil Rights Act of 1964, and other applicable state and federal laws with both the federal Health and Human Services Office of Civil Rights (HHS OCR) and/or the DHCS OCR. Using Title VI a complaint must be filed within one-hundred-eighty (180) days from the alleged discriminatory act
- An impartial investigation
- Have a representative chosen and paid for by the complainant present at all stages of the process
- Be free from restraint, interference, coercion, or retaliation
- Ask the HHS OCR to review the action of the DHCS Office of Civil Rights

The complainant has a responsibility to:

Provide accurate and factual information during all phases of the complaint process.
I have read and understand these rights and responsibilities.

PRIVACY STATEMENT

The Information Practices Act of 1977 (California Civil Code, section 1798.1, et. seq.) and the Federal Privacy Act of 1974 (Title 5, United States Code, section 552a, et. seq.) require that this notice be provided when collecting personal information from individuals.

The California Department of Healthcare Services' (Department) Office of Civil Rights seeks the information requested in the Language Access Complaint Form pursuant to Dymally Alatorre Bilingual Services Act and Title VI of the Civil Rights Act of 1964.

All of the information requested in the application is voluntary; however, failure to completely and accurately provide the information may result in the inability of the Department to contact Complainant. The principle purpose for which the information will be used is to communicate with Complainant and/or to request further information regarding the charge of discrimination.

The Department does not have any known or foreseeable disclosures that may be made of the information. However, should the charge be addressed in a court of law, disclosure may be compulsory. Complainant has a right of access to records containing personal information maintained by the Department.

Signature	Date
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CIVIL RIGHTS EXTERNAL COMPLIANCE PROGRAM DISCRIMINATION COMPLAINT OF DISCRIMINATION, LANGUAGE ACCESS

Complete and return to:

Department of Health Care Services, Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413

NAME	DATE
ADDRESS	CASE NUMBER
PHONE NUMBER ()	

AGENCY/NAME OF PERSON WHO DISCRIMINATED	TITLE	DATE OF OCCURANCE	ADDRESS/PHONE NUMBER

Language Access Issues (Check all that apply):

Lack of signs informing the public of translation services

Lack of forms/materials in multiple languages

Lack of bilingual personnel

Other:

Describe in your own words what action(s) have happened to lead you to believe you have been discriminated against.

Indicate what resolution you are seeking.

I understand the above information is true and complete to the best of my knowledge and belief.

COMPLAINANT'S SIGNATURE	DATE
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