

## **NONDISCRIMINATION NOTICE**

Discrimination is against the law. *[Partner Entity]* follows State and Federal civil rights laws. *[Partner Entity]* does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

*[Partner Entity]* provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio or accessible electronic formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact *[Partner Entity]* between *[hours of operation]* by calling *[telephone number]*. Or, if you cannot hear or speak well, please call *[TTY/TDD number]*. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

## **HOW TO FILE A GRIEVANCE**

If you believe that *[Partner Entity]* has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with *[Partner Entity's Civil Rights Coordinator]*. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact *[Partner Entity's Civil Rights Coordinator]* between *[hours of operation]* by calling *[telephone number]*. Or, if you cannot hear or speak well, please call *[TTY/TDD number]*.
- In writing: Fill out a complaint form or write a letter and send it to:

*[Partner Entity's Civil Rights Coordinator, address]*

- In person: Visit your doctor's office or *[Partner Entity]* and say you want to file a grievance.
- Electronically: Visit *[Partner Entity's]* website at *[weblink]*.

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.

- In writing: Fill out a complaint form or send a letter to:

**Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at:

<https://www.dhcs.ca.gov/discrimination-grievance-procedures>

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).
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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

- Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>