

NON-DISCRIMINATION NOTICE

Discrimination is against the law. ACBHD follows State and Federal civil rights laws. ACBHD 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.

ACBHD 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 ACBHD at 800-491-9099. Or, if you cannot hear or speak well, please call **711 (California State Relay)**. 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 ACBHD 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 Alameda County Behavioral Health Consumer Assistance. You can file a grievance by phone, in writing, or in person:

- By phone: Contact Consumer Assistance between 9am -5pm, Monday thru Friday, by calling **1-800-779-0787**. Or, if you cannot hear or speak well, please call **711 (California State Relay)**.
- In writing: Fill out a grievance form or write a letter and send it to:

**Consumer Assistance
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606**

- In person: Visit your provider's office or the Mental Health Association, 2855 Telegraph Avenue, Suite 501, Berkeley, CA 94705, and say you want to file a grievance.



- Grievance Forms are available online, visit:
<https://www.acbhcs.org/plan-administration/file-a-grievance/>.

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.

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 **711(California State Relay)/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>