

COUNTY OF YOLO

Health and Human Services Agency

137 N. Cottonwood Street • Woodland, CA 95695 (530) 666-8940 • www.yolocounty.org

NONDISCRIMINATION NOTICE

Discrimination is against the law. Yolo County HHSA follows State and Federal civil rights laws. Yolo County HHSA 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.

Yolo County HHSA 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 Yolo County HHSA 24 hours a day, 7 days a week by calling **888-965-6647**. Or, if you cannot hear or speak well, please call **TTY/TDD: 711**. 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 Yolo County HHSA 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 Yolo County HHSA Behavioral Health Quality Management. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Yolo County HHSA Behavioral Health Quality Management's Confidential Grievance Voicemail 24 hours a day, 7 days a week by calling 530-666-8788. Or, if you cannot hear or speak well, please call TTY/TDD: 711.
- In writing: Fill out a complaint form or write a letter and send it to: Yolo County Health & Human Services - Quality Management 137 N. Cottonwood Street, Suite 2500 Woodland, CA 95695



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- <u>In person</u>: Visit your provider's office or Yolo County HHSA and say you want to file a grievance.
- Electronically: Send an email to
 HHSAQualityManagement@yolocounty.org">HHSAQualityManagement@yolocounty.org

<u>OFFICE OF CIVIL RIGHTS</u> – 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).
- <u>In writing</u>: 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

<u>Electronically</u>: Send an email to <u>CivilRights@dhcs.ca.gov</u>.

<u>OFFICE OF CIVIL RIGHTS</u> – 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:

- <u>By phone</u>: 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



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Room 509F, HHH Building Washington, D.C. 20201

- Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- <u>Electronically</u>: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf