



COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen,
Mental Health
Director

137 N. Cottonwood Street • Woodland, CA 95695
(530) 661-2750 • www.yolocounty.org

NONDISCRIMINATION NOTICE

Discrimination is against the law. Yolo County HHSA follows Federal civil rights laws. Yolo County HHSA does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

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, audio, accessible electronic formats, other 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 TDD **(800) 735-2929**.

HOW TO FILE A GRIEVANCE

If you believe that Yolo County HHSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Yolo County HHSA. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Yolo County HHSA between Monday through Friday, 8am to 5pm PST by calling (888) 965-6647. Or, if you cannot hear or speak well, please call TDD (800) 735-2929.
- **In writing:** Fill out a grievance form, or write a letter and send it to:

**Yolo County Health & Human Services Agency
Quality Management
137 N. Cottonwood Street, Suite 2500
Woodland, CA 95695**

- **In person:** Visit your provider's office or Yolo County HHSA and say you want to file a grievance.

OFFICE OF CIVIL RIGHTS

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>.