

NONDISCRIMINATION NOTICE

Discrimination is against the law. County of San Luis Obispo Behavioral Health Department (SLOBHD) follows Federal civil rights laws. SLOBHD does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

SLOBHD 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 SLOBHD 24 hours a day, 7 days a week by calling 1-800-838-1381. Or, if you cannot hear or speak well, please call 1-800-735-2922 California Relay Service/TTY.

HOW TO FILE A GRIEVANCE

If you believe that SLOBHD 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 SLOBHD. You can file a grievance by phone, in writing, in person, or electronically:

- <u>By phone</u>: Contact SLOBHD between 8AM to 5PM, Monday through Friday by calling 1-800-838-1381 or call the Patients' Rights Advocate at (805) 781-4738. Or, if you cannot hear or speak well, please call 1-800-735-2922 California Relay Service/TTY.
- In writing: Fill out a grievance form, or write a letter and send it to: County of San Luis Obispo Behavioral Health Department Attn: Patients' Rights Advocate 2180 Johnson Avenue San Luis Obispo, CA 93401
- <u>In person</u>: Visit your provider's office or SLOBHD 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:

- <u>By phone</u>: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- <u>In writing</u>: 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 <u>http://www.hhs.gov/ocr/office/file/index.html</u>.

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

County of San Luis Obispo Health Agency