



Discrimination is against the law. Central California Alliance for Health (the Alliance) follows Federal civil rights laws. The Alliance does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

The Alliance 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 the Alliance Member Services Department between 8 a.m. to 5:30 p.m. by calling **(800) 700-3874**. Or, if you cannot hear or speak well, please call **(800) 735-2929** (TTY: Dial 7-1-1).

HOW TO FILE A GRIEVANCE

If you believe that the Alliance 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 the Alliance Member Services Department. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact the Alliance Member Services Department between 8 a.m. to 5:30 p.m. by calling **(800) 700-3874**. Or, if you cannot hear or speak well, please call **(800) 735-2929** (TTY: Dial 7-1-1)
 - **In writing:** Fill out a complaint form or write a letter and send it to:

**Grievance Department
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066**
 - **In person:** Visit your doctor's office or the Alliance and say you want to file a grievance.
 - **Electronically:** Visit the Alliance's website at <https://www.ccah-alliance.org/Complaints.html>.
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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 write a letter and send it 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 website Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-700-3874 (TTY: 1-800-735-2929).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-700-3874 (TTY: Llame al 1-800-855-3000).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-700-3874 (TTY: 1-800-735-2929).

Tagalog (Tagalog - Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-700-3874 (TTY: 1-800-735-2929)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություն ծառայություններ: Ջանգահարեք 1-800-700-3874 (TTY (հեռատիպ)՝ 1-800-735-2929):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-700-3874 (телетайп: 1-800-735-2929).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-700-3874 (TTY: 1-800-735-2929) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-800-700-3874] (TTY: [1-800-735-2929]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-700-3874 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

تعبيرنا (Arabic)

فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 4783-007-008-1

ملحوظة: إذا كنت تتحدث اذكر اللغة،

(رقم هاتف الصم والبكم : 1-800-735-2929).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें।

ภาษาไทย (Thai)

เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-700-3874 (TTY: 1-800-735-2929).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បរើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្មែរកភាសា ដោយមិនគិតណ្ណល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-700-3874 (TTY: 1-800-735-2929)។

ພາສາລາວ (Laotian)

ໂປດຊາບ:ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-700-3874 (TTY: 1-800-735-2929).