

## NONDISCRIMINATION NOTICE

Discrimination is against the law. Madera County Department of Behavioral Health Services (MCDBHS) follows State and Federal civil rights laws. MCDBHS 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, sexual orientation or ability to pay. MCDBHS 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 MCDHBS between 8 AM - 5 PM by calling (559) 673-3508. If you cannot hear or speak well, please call TTY 711. Upon request, this document can be made available to you in large print, audio, or electronic format. To obtain a copy in one of these alternative formats, please call or write to:

Madera County Department of Behavioral Health Services  
P.O. Box 1288, Madera CA, 93639 or call (559) 673-3508 (TTY 711).

### HOW TO FILE A GRIEVANCE

If you believe that MCDBHS 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 MCDBHS' Patient Rights Advocate. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact MCDHBS between 8 AM - 5 PM by calling (559) 673-3508. 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: **MCDBHS Patient Rights Advocate, P.O. Box 1288, Madera, CA 93639** or fax it to **(559) 661-2818**.
- In person: Visit your provider's office or any MCDBHS site, grievance forms are available in all lobbies.
- Electronically: Visit MCDBHS website at [Brochures/Beneficiary Handbooks | Madera County](#)

### 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 for Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call TTY/TDD 711.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights Department of Health Care Services**  
**Office of Civil Rights**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

### OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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>