



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 8a.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>.