

NONDISCRIMINATION NOTICE

Discrimination is against the law. Alameda Alliance for Health (Alliance) follows State and Federal civil rights laws. The Alliance 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, or sexual orientation.

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, please call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

HOW TO FILE A GRIEVANCE

If you believe that the Alliance 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 the Alliance.

You can file a grievance by phone, in writing, in person, or electronically:

- By phone:
 - Alliance Member Services Department
 - Monday – Friday, 8 am – 5 pm
 - Phone Number: **1.510.747.4567**
 - Toll-Free: **1.877.932.2738**
 - People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**
- In writing: Fill out a complaint form or write a letter and send it to:
 - Allameda Alliance for Health
 - ATTN: Alliance Grievances and Appeals Department
 - 1240 South Loop Road
 - Alameda, CA 94502

- In person: Visit your doctor's office or the Alliance and say you want to file a grievance.
 - Electronically: Visit the Alliance website at www.alamedaalliance.org.
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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 of Civil Rights by phone, in writing, or electronically:

- By phone:
California Department of Health Care Services (DHCS)
Phone Number: **1.916.440.7370**
People with hearing and speaking impairments (CRS/TTY): **711**
 - In writing: Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
California Department of Health Care Services
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at www.dhcs.ca.gov/Pages/Language_Access.aspx.
 - Electronically: Send an email to civilrights@dhcs.ca.gov.
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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, 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:
U.S. Department of Health and Human Services, Office for Civil Rights
Toll-Free: **1.800.368.1019**
People with hearing and speaking impairments (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 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>.