
NONDISCRIMINATION NOTICE

Discrimination is against the law. The Ventura County Mental Health/DMC-ODS Plan follows federal civil rights laws. The Plan does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan 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 our grievance department by calling 1-888-567-2122. Alternatively, if you cannot hear or speak well, please call 1-800-735-2929.

Send with all notices

HOW TO FILE A GRIEVANCE

If you believe that the **Ventura County Mental Health/DMC-ODS Plan**, 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 Ventura County Behavioral Health Grievance Department. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact the Ventura County Behavioral Health Grievance Line at **1-888-567-2122, Monday through Friday 8am to 5pm PST**. Alternatively, if you cannot hear or speak well, please call **1-800-735-2929**.
- **In writing:** Fill out a grievance form, or write a letter and send it to:

**Ventura County Behavioral Health Quality Management Division
1911 Williams Drive, Suite 210
Oxnard, California 93036**

- **In person:** Visit your provider's office and say you want to file a grievance.
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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 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>.