
NONDISCRIMINATION NOTICE

Discrimination is against the law. Contra Costa County DMC-ODS Plan follows Federal civil rights laws. Contra Costa County DMC-ODS Plan does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Contra Costa County DMC-ODS 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 Contra Costa County DMC-ODS Plan 24 hours a day, 7 days a week by calling 1-800-846-1652. Or, if you cannot hear or speak well, please call 1-800-735-2922.

Send with all notices

HOW TO FILE A GRIEVANCE

If you believe that Contra Costa 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 Contra Costa DMC-ODS Plan. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Contra Costa DMC-ODS Plan between 8:00 AM to 5:00 PM by calling 925-957-5160. Or, if you have trouble hearing or speaking, please call 1-800-735-2922.
- **In writing:** Fill out a grievance form, or write a letter and send it to:

Contra Costa DMC-ODS Plan
Quality Improvement Coordinator
1340 Arnold Dr., Martinez, CA, 94553
- **In person:** Visit your provider's office or Contra Costa DMC-ODS Plan and say you want to file a grievance.

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>.