



Inyo County SUD Program complies with applicable Federal and State civil rights laws. Inyo County SUD Program does not unlawfully discriminate 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. Inyo County SUD Program does not unlawfully 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.

Inyo County SUD Program:

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
 - Qualified sign language interpreters and real-time captioning
 - Written information in other formats such as Braille, large print, audio, accessible electronic formats and other formats
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
 - Language Line

If you need these services, call the Office of Civil Rights, at (916) 440-7370, 711 (California State Relay) or email CivilRights@dhcs.ca.gov. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form.

If you believe we have failed to provide these services or you have been discriminated against 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 Inyo County Civil Rights Coordinator via confidential voicemail at 760-872-3273 or by mail at 1360 N. Main Street, Bishop, CA.

You can also file directly with the Office of Civil Rights.

Office of Civil Rights
Department of Health Care Services
PO Box 997413, MS 0009

Sacramento, CA 95899-7413
(916) 440-7370, 711 (California State Relay)

Email: CivilRights@dhcs.ca.gov

If you need help filing a grievance, we can help! Call 760-873-6533 and the office can help you. The Office of Civil Rights can also help you. Complaint forms are available here:

[DHCS-1044-DHCS-DISCRIMINATION-COMPLAINT-FORM.pdf](#)

[Language Access Complaint Form](#)

[DHCS OCR Discrimination Grievance Policies and Procedures](#)

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. You can file electronically through [the Office for Civil Rights Complaint Portal](#) or you can file by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, DC 20201

(800) 368-1019, (800) 537-7697 (TDD).