



NONDISCRIMINATION NOTICE

Discrimination is against the law. San Francisco Behavioral Health Services follows State and Federal civil rights laws. San Francisco Behavioral Health Services 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.

San Francisco Behavioral Health Services 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, braille, audio or accessible electronic 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 Behavioral Health Access Center 24 hours a day, 7 days a week by calling 1-888-246-3333. Or, if you cannot hear or speak well, please call TDD/TTY: 711. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that San Francisco Behavioral Health Services 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 San Francisco Behavioral Health Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact the Behavioral Health Access Center 24 hours a day, 7 days a week by calling 1-888-246-3333. Or, if you cannot hear or speak well, please call TDD/TTY: 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:
**San Francisco Behavioral Health Services
Grievance/Appeal Office
1380 Howard Street, 2nd Floor
San Francisco, CA 94103**
Complaint forms are available at:
<https://www.sf.gov/resource/2024/grievance-and-appeal-documents-members-behavioral-health-services-bhs>



- In person: Visit your provider's office or Behavioral Health Access Center and say you want to file a grievance.
 - Electronically: Submit completed complaint form to BHS.GrievanceAppeal@sfdph.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: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
 - In writing: Fill out a complaint form or send a letter to:
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at:
<https://www.dhcs.ca.gov/discrimination-grievance-procedures>
 - Electronically: Send an email to CivilRights@dhcs.ca.gov.
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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: 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>