
NONDISCRIMINATION NOTICE

Discrimination is against the law. The Los Angeles County Substance Abuse Prevention and Control (SAPC) follows Federal civil rights laws. SAPC does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

SAPC 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 SAPC 24 hours a day, 7 days a week by calling (888) 742-7900. Or, if you cannot hear or speak well, please call TTD/TTY: California Relay 711.

HOW TO FILE A GRIEVANCE

If you believe that SAPC and/or your treatment provider 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 SAPC. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact SAPC Monday through Friday, excluding holidays, between the hours of 8:00 a.m. and 5:00 p.m. by calling 888-742-7900. Or, if you cannot hear or speak well, please call 711 to access the California Relay Service, Monday through Friday, between 8:00 a.m. and 5:00 p.m.
- **In writing:** Fill out a grievance form, or write a letter and send it to:

*Los Angeles County Substance Abuse Prevention and Control (SAPC)
1000 South Fremont Avenue, Building A-9 East, 3rd Floor, Box 34
Alhambra, CA 91803*
- **In person:** Visit your provider's office or SAPC 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>.