



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT

## NONDISCRIMINATION NOTICE

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Discrimination is against the law. Fresno County Department of Behavioral Health (FCDBH) follows Federal civil rights laws. FCDBH does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

FCDBH 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 FCDBH 24 hours a day, 7 days a week by calling (559) 600-6087. Or, if you cannot hear or speak well, please call TTY/TTD number, dial 711 to reach California Relay Service for help.



## **HOW TO FILE A GRIEVANCE**

If you believe that FCDBH 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 FCDBH. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact FCDBH by calling (559) 600-6087. Or, if you cannot hear or speak well, please call TTY/TTD number, dial 711 to reach California Relay Service for help.
- **In writing:** Fill out a grievance form, or write a letter and send it to:

Fresno County Department of Behavioral Health  
Contracts Division – Substance Use Services  
3133 N. Millbrook Ave.  
Fresno, CA 93703

- **In person:** Visit your provider's office or FCDBH 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>.