

## NONDISCRIMINATION NOTICE

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Discrimination is against the law. The Medi-Cal Dental Program follows State and Federal civil rights laws. Medi-Cal Dental 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.

The Medi-Cal Dental Program 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 Medi-Cal Dental between 8 a.m. and 5 p.m. Monday through Friday by calling 1-800-322-6384. Or, if you cannot hear or speak well, please call 1-800-735-2922 for Teletext Typewriter

(TTY) assistance. Have the operator call the Toll-Free Line at 1-800-322-6384.

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### **HOW TO FILE A GRIEVANCE**

If you believe that the Medi-Cal Dental Program 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 by phone or in writing:

- **By phone:** Contact the Medi-Cal Dental Telephone Service Center between 8 a.m. and 5 p.m. Monday through Friday by calling 1-800-322-6384. Or, if you cannot hear or speak well, please call 1-800-735-2922.
- **In writing:** Fill out a complaint form or write a letter and send it to:

Medi-Cal Dental Program  
Beneficiary Services Group  
P. O. Box 15539  
Sacramento, CA 95852-1539

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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 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:

**Michele Villados**  
**Deputy Director, Office of Civil Rights**  
**Department of Health Care Services**  
**Office of Civil Rights**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**

Complaint forms are available at  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- **Electronically:** Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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>.