



Advancing Health Equity and Reducing Health Care Disparities

PPOSBC Civil Rights Grievance Form

Please complete this grievance form and mail to the address below.
Grievances must be submitted within 60 days of the act at issue.

1. Your Name: _____

2. You will receive a written response from us within 30 business days after you file with us. Please provide us with the phone number and address you preferred to be contacted at:

Phone: _____

Address: _____

3. Please state the complaint at issue and the remedy you seek:

You may mail this form to:

Planned Parenthood/Orange and San Bernardino Counties
Corporate Offices
Attention: Patient Services Civil Rights Grievance Coordinator
700 S. Tustin St.
Orange, CA 92866

If you prefer, you may also call our main line at 714-633-6373 and ask to speak with our Patient Services Civil Rights Grievance Coordinator.