

10.2018

PPOSBC Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement:



Discrimination is Against the Law

Planned Parenthood Orange & San Bernardino Counties (PPOSBC)

Melody Women's Health (Melody)

PPOSBC/Melody complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

PPOSBC/Melody does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PPOSBC/Melody:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

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• Provides 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 Terry Stapleton, PPOSBC Section 1557 Civil Rights Coordinator.

If you believe that PPOSBC/Melody 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: Terry Stapleton, PPOSBC section 1557 Civil Rights Coordinator, 700 S. Tustin Street, Orange, CA 92866, Telephone number 1- 714-633-6373. You can file a grievance in person or by mail. If you need help filing a grievance, Terry Stapleton, PPOSBC Civil Rights Coordinator is available to help you.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 -714- 633-6373 (TTY: 711)

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 -714- 633-6373 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 -714- 633-6373 (TTY: 711)

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 -714- 633-6373 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 -714- 633-6373 (TTY: 711) 번으로 전화해 주십시오

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1 -714- 633-6373 (TTY: 711)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 -714- 633-6373 (TTY: 711)

Farsi (Persian):

گان ی را بصورت ی زبان لات ی تسه ،دی کن ی م گفتگو ی فارس زبان به اگر :توجه
دی ری بگ تماس (1 -714- 633-6373 (TTY: 711) با .باشد ی م فراهم شما ی برا

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Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-714-633-6373 (TTY: 711) まで、お電話にてご連絡ください

Arabic: لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا :ملحوظة
(TTY: 711) :والبكم الصم هاتف رقم) 1-714- 633-6373 برقم اتصل .بالمجان

Punjabi (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ
ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-714- 633-6373 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ
1-714- 633-6373 (TTY: 711)

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj
kev pab dawb rau koj. Hu rau 1-714- 633-6373 (TTY: 711)

Hindi: ध्यान दें: यदि आप □□□□□ बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता
सेवाएं उपलब्ध हैं। 1-714- 633-6373 (TTY: 711) पर कॉल करें।

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-714- 633-6373 (TTY:
711)

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