



NOTICE OF NONDISCRIMINATION

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DBHDD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DBHDD 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, etc.)

DBHDD provides free language services to people whose primary language is not English to communicate effectively with us, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact: Office of Constituent Services, 404-657-5964, DBHDDConstituentServices@dbhdd.ga.gov.

The DBHDD Office of Constituent Services is responsible for provision of these services. If you believe that DBHDD 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:

Georgia Department of Behavioral Health and Developmental Disabilities
Office of Constituent Services
2 Peachtree Street, NW, Suite 24-473
Atlanta, Georgia 30303
Phone: (888)785-6954
Fax: (770)408-5439

<http://dbhdd.georgia.gov/office-constituent-services>

You can file a grievance in person or by mail, fax, or online. If you need help filing a grievance, contact the DBHDD Office of Constituent Services.

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
(800)368-1019, (800)537-7697 (TDD)
Complaint forms: <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888)785-6954

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888)785-6954.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888)785-6954 번으로 전화해 주십시오.

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 (888)785-6954.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (888)785-6954.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (888)785-6954.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ (888)785-6954.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888)785-6954.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (888)785-6954.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888)785-6954.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (888)785-6954

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (888)785-6954.

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (888) 785-6954

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (888)

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。(888)785-6954 まで、お電話にてご連絡ください。