

Discrimination is Against the Law

Sonoma County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sonoma County

- A. Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- B. Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact **Casi Jewett, Civil Rights Coordinator, 707-565-4787; TTY 1-800-735-2929 or 711.**

If you believe that the County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other legally protected category, you can file a grievance with:

Victoria Willard, Equal Employment Opportunity Manager & ADA Coordinator
575 Administration Drive, Suite 116B, Santa Rosa, CA 95403
707-565-8059, victoria.willard@sonoma-county.org
Fax: (707) 565-3770

Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-707-565-4787 (TTY: 1-800-735-2929 or 711).
繁體中文 (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 1-707-565-4787 (TTY: 1-800-735-2929 or 711)。
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-707-565-4787 (TTY: 1-800-735-2929 or 711).
한국어 (Korean)	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 1-707-565-4787 (TTY: 1-800-735-2929 or 711)。
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-707-565-4787 (TTY: 1-800-735-2929 or 711).
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-707-565-4787 (TTY (հեռատիպ)՝ 1-800-735-2929 or 711).
فارسی (Farsi)	رایگان به صورت زبانی توسط یلاتک نید، می گفتمگو فارسی زبان به اگر: توجه تماس با یا شد می فراهم 1-707-565-4787 (TTY: 1-800-735-2929 or 711) شما را به گ یرد
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-707-565-4787 (TTY: 1-800-735-2929 or 711).

日本語 (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。1-707-565-4787 (TTY: 1-800-735-2929 or 711) まで、お電話にてご連絡ください。
ب یتالعر (Arabic)	لك ت توافر ال لغوية المساعدة خدمات ف إن ال لغة، اذكر ت تحدث ك نت إذا م: ملحوظة والا بكم ال صم هذ ف رقم) 1-707-565-4787 ب رقم ات صل ب الامجان 711 or 1-800-735-2929).
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-707-565-4787 (TTY: 1-800-735-2929 or 711). 'ਤੇ ਕਾਲ ਕਰੋ।
ខ្មែរ (Cambodian)	ប្រយ័ត្ន: បរើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវន៍នួយខ្លួនកភាសា ហោយមិនគឺភ្នំល គឺអាចមានសំរាប់បរើអ្នក។ ចូរ ទូរស័ព្ទ 1-707-565-4787 (TTY: 1-800-735-2929 or 711) ។
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-707-565-4787 (TTY: 1-800-735-2929 or 711).
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-707-565-4787 (TTY: 1-800-735-2929 or 711) पर कॉल करें।
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-707-565-4787 (TTY: 1-800- 735-2929 or 711).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Victoria Willard (contact above) is available to help you.

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>.