



*The Commonwealth of Massachusetts*  
*Executive Office of Health and Human Services*  
*Department of Mental Health*  
*25 Staniford Street*  
*Boston, Massachusetts 02114-2575*

## **Non-Discrimination Notice Discrimination Is Against the Law**

The Department of Mental Health (DMH) complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, age, disability, religious creed, sex, sexual orientation, gender identity, gender stereotyping, genetic information, or veteran status. DMH does not exclude people or treat them differently because of race, color, national origin, ancestry, age, disability, religious creed, sex, sexual orientation, gender identity, gender stereotyping, genetic information, or veteran status.

DMH 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)

DMH also 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 the DMH Diversity/Civil Rights Officer.

If you believe that DMH has wrongly failed to provide these services or discriminated on the basis of race, color, national origin, ancestry, age, disability, religious creed, sex, sexual orientation, gender identity, gender stereotyping, genetic information, or veteran status, you may file a grievance with:

Diversity/Civil Rights Officer  
Department of Mental Health  
25 Staniford St.  
Boston, MA 02114  
Tel: 617-626-8133 / Fax: 617-626-8131 / Email: joy.connell@state.ma.us

If you need help filing a grievance, the DMH Diversity/Civil Rights Officer is available to help you.

You also may 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, DC 20201  
Tel: 800-868-1019,  
TTD: 800-537-7697 (TDD).

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

## Spanish

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-617-626-8133.

## Portuguese

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-617-626-8133.

## 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- 617-626-8133.

## **French Creole (Haitian Creole)**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-617-626-8133.

## Vietnamese

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-617-626-8133.

## Russian

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-617-626-8133.

## Arabic

## **Mon-Khmer, Cambodian**

ក្របយ័ត្ន : 10 បឹសិន អ កនី យ ៖ ៩០២ ១, ១០ សង្គមយោង គ ៖ ១០ យមិនគិតល ល គី ច នសំ ប់ប់ទោ អ ការ ឆ្លា ទូរសព្ទ ១ ៦១៧-៦២៦-៨១៣៣.

## French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-617-626-8133.

Italian

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1- 617-626-8133.

Korean

**주의:** 한국어를 사용하시는 경우, 엉어 지원 서비스를 무료로 이용하실 수 있습니다. 1-617-626-8133.

Greek

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-617-626-8133.

Polish

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 617-626-8133.

Hindi

ध्यान दः य द आप हंडी बोलते ह तो आपके लिए सफ्ट म भाषा सहायता सेवाएं उपलब्ध ह। 1- 617-626-8133.

Gujarati

ગુજરાત જ્ઞાતી પોલેન્સ લિમિટેડ | ફોન: +91 79 617 626 8122