



Victor Community Support Services
ACA 1557 NONDISCRIMINATION
GRIEVANCE FORM

Form to be completed by client and emailed to 36ComplianceTeam@victor.org, or mailed to:

Victor Community Support Services
Attn: Compliance Officer
1360 East Lassen Avenue
Chico, CA 95973

Client may also call the Compliance Officer
directly: Phone: (888) 881-1802, TTY: 711

Name

Date of Birth

Home Address

SSN (Last four ####)

City & Zip Code

Gender: M F Other

Phone #

Preferred language

At any time during the Grievance or Appeal processes, the complainant may authorize a person to take action or participate in the process on his/her behalf or to assist the complainant with the process.

Using authorized representative? Yes No If "Yes", provide their name and phone # below

Name

Phone #

Please identify the area(s) in which you feel you experienced discriminatory action(s):

Race/Ethnicity

Gender

Age

National Origin

Sexual Orientation

Disability

Non-discrimination rights were: not posted not included in mailings not on the website

Language Services were:

not available not qualified not timely not accurate didn't protect my privacy

ASL interpreter was:

not available not qualified not timely not accurate didn't protect my privacy

Written content in paper or electronic form not available in my language

Hearing and/or visual aids not available Poor quality video interpreting services

Online health programs, information, and activities are not accessible to me

Facility is not accessible to individuals with impaired mobility and/or blindness/low vision.

Other problem



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Date of Discriminative Action:

Please tell us about your grievance in detail:

Printed name

Signature

Date



Victor Community Support Services
San Bernardino

English	ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-909-890-5930 (TTY: 711).
Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-909-890-5930 (TTY: 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 1-909-890-5930 (TTY: 711).
Tagalog (Tagalog– Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-909-890-5930 (TTY: 711).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-909-890-5930 (TTY: 711) 번으로 전화해 주십시오.
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 1-909-890-5930 (TTY: 711)。
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-909-890-5930 (TTY (հեռատիպ)՝ 711):
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-909-890-5930 (телетайп: 711).
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-909-890-5930 (TTY: 711) تماس بگیرید.
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。 1-909-890-5930 (TTY:711) まで、お電話にてご連絡ください。
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-909-890-5930 (TTY: 711).
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-909-890-5930 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برق 1-909-890-5930 (رقم هاتف الصم والبكم: 711).



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हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-909-890-5930 (TTY: 711) पर कॉल करें।
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-909-890-5930 (TTY: 711).
ខ្មែរ (Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-909-890-5930 (TTY: 711)។
ພາສາລາວ (Lao)	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-909-890-5930 (TTY: 711).