



San Bernardino County
Department of Behavioral Health

ACA 1557 GRIEVANCE FORM

Form to be completed by client and emailed to ACA_1557@dbh.sbcounty.gov, or mailed to:

DBH Office of Equity and Inclusion
Attn: ACA 1557 Compliance Coordinator
303 E. Vanderbilt Way
San Bernardino, CA 92415

Client may also call the ACA 1557 Compliance Coordinator directly:
Phone: (909) 252-5150, TTY: 711

Name	Date of Birth
Home Address	SSN (Last four ####)
City & Zip Code	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Phone #	Preferred language
Email Address	

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

<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Gender	<input type="checkbox"/> Age	<input type="checkbox"/> Religion
<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability	<input type="checkbox"/> Other

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:

Describe in your own words what action(s) have happened to lead you to believe you have been discriminated against:

Indicate what resolution you are seeking:

I understand the above information is true and complete to the best of my knowledge and belief.

Printed name

Signature

Date