

Planned Parenthood Pasadena & San Gabriel Valley complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Planned Parenthood Pasadena & San Gabriel Valley does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Planned Parenthood Pasadena & San Gabriel Valley 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 (larger print, audio, accessible electronic formats, or other formats).
- Planned Parenthood Pasadena & San Gabriel Valley 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, then please contact Planned Parenthood Pasadena & San Gabriel Valley at (626) 798-0706.

If you believe that Planned Parenthood Pasadena & San Gabriel Valley has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, then you can file a grievance with: Tanya Parker, Director of Compliance, 2333 Lake Ave, Altadena CA 91001, (626) 794-5737, Fax: (626) 798-4706, email: [patientservices@pppsgv.org](mailto:patientservices@pppsgv.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, then Tanya Parker is available to help you. You also can 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  
1- 800-868-1019, 800-537-7697 (TDD)

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

ATTENTION: Language assistance services, free of charge, are available to you. Please contact 1-877-746-4674.

ATTENTION: If you speak another language, language assistance services, free of charge, including ASL, are available to you. Call 1-877-746-4674

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-746-4674

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1-877-746-4674

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-746-4674

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-746-4674

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-746-4674

ՌԻՇԱՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել

լեզվակախ աջակցություն ծառայություններ: Ձևագրահարեք 1-877-746-4674

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-746-4674

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-746-4674

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。1-877-746-4674まで、お電話にてご連絡ください。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-877-746-4674 'ਤੇ ਕਾਲ ਕਰੋ।

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-746-4674

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-746-4674

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-746-4674 पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-746-4674

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-746-4674