



DEPARTMENT OF MENTAL HEALTH (DMH) AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

This form is for a DMH informal complaint procedure, designed to quickly resolve complaints regarding violations of the Americans with Disabilities Act.

The use of this form is not required to comply with federal regulations and does not initiate a lawsuit or formal complaint procedure.

You may file a complaint if you feel that you have been discriminated against due to your disability or are not satisfied with the service you received related to accommodating your disability. Some disabilities may include, but are not limited to problems with walking, sitting, standing, reading, learning, understanding, speaking, hearing, seeing, being around crowds, and memory loss.

Instructions

1. Complaint must be in writing and should contain the name, address, and telephone number of complainant along with a brief description of the alleged violation(s).
2. Please include the corrective action being requested to resolve the alleged violation(s).
3. All complaint forms should be signed.
4. You may mail or email your complaint(s) to DMH ADA Coordinator or Chief Executive Office (CEO), Disability Civil Rights Section at:

ADA Coordinator
Department of Mental Health
510 S. Vermont Ave, 22nd Floor
Los Angeles, CA 90020
Telephone: (213) 943-8196
Email: ADA@dmh.lacounty.gov
TTY: (213) 943-8196 (California Relay)
(Office hours only 7:00 a.m. to 4:30 p.m.)

Chief Executive Office
Disability Civil Rights Section
500 West Temple Street, Room 754
Los Angeles, California 90012
Telephone: (213) 202-6944
TTY: (855) 872-0443
Email: Adavis@ceo.lacounty.gov

5. You may request an informal meeting with the DMH ADA Coordinator to answer any questions.
6. DMH will acknowledge receipt of your complaint in writing within five (5) workdays from the date the complaint was filed.

Please Note:

- Using this informal complaint procedure is not a requirement under federal regulations nor does it prevent you from filing a complaint with the appropriate federal enforcement agency.
- Any retaliation, coercion, intimidation, threat, interference, or harassment for filing of a complaint is prohibited and should be reported immediately to the DMH ADA Coordinator: (213) 943-8196 or to the County's CEO, Disability Civil Rights Section: (213) 202-6944.

This form is available in alternate format from the Departmental ADA Coordinator upon request.

(Rev. 02/24)



**DEPARTMENT OF MENTAL HEALTH (DMH)
AMERICANS WITH DISABILITIES ACT (ADA)
COMPLAINT FORM**

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

Person completing form (**check one**): Complainant Authorized Representative

Name: _____

Address: _____

Telephone No.: (_____) _____

Email: _____

ALLEGED VIOLATIONS

Describe the alleged ADA violations. Provide sufficient detail to make your complaint clear (attach additional pages if necessary).

Date of Occurrence: _____

REQUESTED ACTION

What actions do you request the County take to correct the alleged ADA violation?

Signature: _____ Date: _____