

Nondiscrimination Notice

LG Links Inc. CBO Nondiscrimination Notice

LG Links Inc. complies with applicable State and Federal civil rights laws and does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, mental disability, physical disability, sex (including pregnancy, sexual orientation, and gender identity), religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender.

Services Provided:

LG Links Inc. offers free aid for non-discrimination and services to individuals with disabilities to assist them in effective communication, including:

Qualified sign language interpreters

Written information in alternative formats (large print, audio, accessible electronic formats, and other formats)

We also provide free language services to individuals whose primary language is not English, such as:

Qualified interpreters

Information written in other languages

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please contact us at:

LG Links Inc.
2040 N Garey Ave
Pomona CA 91767

If you believe that LG Links Inc. has failed to provide these services or discriminated in any manner on the basis of race, color, national origin, age, or sex (including pregnancy, sexual orientation, and gender identity), mental disability, physical disability, religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender, you can file a grievance with our designated coordinator.

You may file a grievance in person or by mail, fax, or email. If you need assistance filing a grievance, our coordinator is available to help.

By phone: Call By phone: 909-263-8255. TTY: Dial 711 (California Relay Service)

Electronically: Send an email to complaints@lglinksinc.org

If your health concern is urgent or if you have already filed a complaint with LG Links Inc. and are not satisfied with the resolution, you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by contacting the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or by completing the form online.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, either electronically through the Office for Civil Rights Complaint Portal or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available online.