



Neighborhood Health Plan of Rhode Island (Neighborhood) does not discriminate or treat people differently based on race, color, national origin, age, disability, or sex.

Neighborhood also provides free language assistance services so that we can communicate effectively with all members. We offer qualified interpreters and translation services for members whose primary language is not English, as well as providing information in formats such as large print or audio and qualified American Sign Language interpreters. If you need these services, contact Neighborhood Member Services at 1-844-812-6896 (TTY 711).

If you believe that Neighborhood Health Plan of Rhode Island has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance in person or by phone, mail, fax or email listed below:

Phone: Contact Neighborhood Member Services at 1-844-812-6896 (TTY 711).

Mail or in person: Neighborhood Health Plan of Rhode Island
Attn: Grievance and Appeals Coordinator
910 Douglas Pike
Smithfield, RI 02917

Fax: 1-401-709-7005

Email: GAUMailbox@nhpri.org

If you need help filing a grievance, Neighborhood Member Services is available to help you.

There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>
2. **By phone:** Call 1-800-368-1019. TTY users can call 1-800-537-7697.
3. **In writing:** Send information about your complaint to:
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201