

Non Discrimination Policy Statement

The **MHC Healthcare/ MHC transportation department** policy assures full compliance with Title VI of the Civil Rights act of 1964, the Restoration Act of 1987, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and related statutes and regulations in all programs and activities. Title VI states that “no person shall on the grounds of race, color, national origin, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination” under any **MHC Healthcare/ MHC transportation department** sponsored program or activity. There is no distinction between the sources of funding.

MHC Healthcare/ MHC transportation department also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, **MHC Healthcare/ MHC transportation department** will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When **MHC Healthcare/ MHC transportation department** distributes Federal-aid funds to another entity/person, **MHC Healthcare/ MHC transportation department** will ensure all sub-recipients fully comply with **MHC Health Center/ MHC transportation** Title VI Nondiscrimination Program requirements. The **CEO** has delegated the authority to **Compliance Officer Matthew Reeder**, Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.



_____**Clint Kuntz CEO**_____

Non Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI and ADA MHC Healthcare/ MHC transportation department policy

The **MHC Healthcare/ MHC transportation department** operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **MHC Healthcare/ MHC transportation department**

For more information on the **MHC Healthcare/ MHC transportation department's** civil rights program, and the procedures to file a complaint, contact **Compliance Officer Matthew Reeder 520.682.1091 X6278**, (TTY **711/ relay**); email mreeder@mhchealthcare.org; or visit our administrative office at **13395 N. Marana Main St. Marana, AZ. 85653**. For more information, visit <http://mhchealthcare.org/>

A complainant may file a complaint directly with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: **ADOT**: ATTN: Title VI Program Manager 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact Faviola Augustin at **520.616.6760 X6312**
Para información en Español llame: **telephonic interpretive services 800.535.7749**

Non Discrimination Notice to the Public - Spanish

Aviso Público Sobre los Derechos Bajo el Título VI Y ADA MHC Healthcare/ MHC transportation department

MHC Healthcare/ MHC transportation department (*y sus subcontratistas, si cualquiera*) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o país de origen.

Para obtener más información sobre la MHC Healthcare/ MHC transportation department's programa de derechos civiles, y los procedimientos para presentar una queja, contacte **Compliance Officer Matthew Reeder** 520.682.1091 X6278, (TTY **711/ relay**); el email Imadrid@mhchealthcare.org o visite nuestra oficina administrativa en **13395 N. Marana Main St Marana, AZ. 85653**. Para obtener más información, visite <http://mhchealthcare.org/>

El puede presentar una queja directamente con Arizona Department of Transportation (ADOT) o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: ADOT: ATTN Title VI Program Manager 206 S. 17th Ave MD 155A Phoenix AZ, 85007 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations

This notice is posted online at <https://mhchealthcare.org/patient-services/our-services>

Non Discrimination Complaint Procedures

Compliance Officer Matthew Reeder

MHC Healthcare 13395 N. Marana Main St Marana, AZ. 85653

520.682.1091 X6278

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **MHC Healthcare/ MHC transportation department** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted **MHC Healthcare/ MHC transportation department** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing

her/him whether the complaint will be investigated by the **MHC Healthcare/ MHC transportation department** or submitted to the State or Federal authority for guidance.

Compliance Officer Matthew Reeder

MHC Healthcare 13395 N. Marana Main St. Marana, AZ. 85653

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- (7) **MHC Healthcare/ MHC transportation department MHC Healthcare/ MHC transportation department** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at civilrightsoffice@azdot.gov
- (8) **MHC Healthcare/ MHC transportation department** has **30** days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has **10** business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within **10** business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI or ADA violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to ADOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with **MHC Healthcare/ MHC transportation department** decision may file a complaint with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) offices of Civil Rights: **ADOT**: ATTN ADA/Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

A copy of these procedures can be found online at: <http://mhchealthcare.org/patient-services/services>

(12)MHC Healthcare/ MHC transportation department will investigate Discrimination complaints against its sub-recipients; all other Discrimination complaints filed against Healthcare/ MHC transportation department will be investigated by the Arizona Department of Transportation.

If information is needed in another language, contact 800.535.7749. *Hearing impaired members can communicate with MHC Healthcare by using the relay system, dialing 711. Para información en Español llame:]*

MHC Healthcare
 Compliance Officer
 Matthew Reeder
 13395 N. Marana Main St.
 Marana, AZ. 85653
 520.682.1091 X6278

Discrimination Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		

I believe the discrimination I experienced was based on (check all that apply):

- Race Color National Origin Disability

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV:

Have you previously filed a Discrimination complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

- Yes No

If yes, check all that apply:

- Federal Agency: _____
 Federal Court: _____ State Agency: _____
 State Court : _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI:

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

MHC Healthcare

Compliance Officer Matthew Reeder

13395 N. Marana Main St.

Marana, AZ. 85653

520.682.1091 X6278

A copy of this form can be found online at <http://mhchealthcare.org>