

Non Discrimination Notice to the Public

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

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 **Matthew Reeder Compliance Officer, 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/>.

Complaints may be filed directly with the Arizona Department of Transportation (**ADOT**) **Civil Rights Office**. ATTN: Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 or with the Federal Transit Administration (**FTA**). ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact **telephonic interpretive services 1.800.535.7749**. *Para información en Español llame: **Faviola Augustin 520.616.6760 X6312**

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 proveídos sin consideración a su raza, color, país de origen, o discapacidad.

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

Una queja puede ser presentada con la oficina de Derechos Civiles del Departamento de Transporte de Arizona (**ADOT**). Atención: Title VI Program Manager, 206 S. 17th Ave MD 155A Phoenix AZ, 85007 o con la Administración Federal de Transporte (**FTA**). Atención: Title VI Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: **Located in all Lobbies, in all Break rooms, and in Vehicles**

This notice is posted online at <http://mhchealthcare.org/>

Non Discrimination ADA/Title VI Complaint Procedures

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.

- (7) **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 business 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 Discrimination 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
- (12) A copy of these procedures can be found online at: <http://mhchealthcare.org/>.

If information is needed in another language, contact **telephonic interpretive services 1.800.535.7749**.

***Para información en Español llame: Faviola Augustin 520.616.6760 X6312**

Discrimination ADA/Title VI 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):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> 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 VI:		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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/ MHC transportation department
Matthew Reeder Compliance Officer
13395 N. Marana Main St. Marana, AZ 85653
520.682.1091 X6278
mreeder@mhchealthcare.org**

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