

## **SAMPLE CIVIL RIGHTS GRIEVANCE PROCEDURE**

It is the policy of (*name of medical facility*) to not discriminate in admissions, provision of services, hiring and employment practices on the basis of race, color, national origin, sex, religion, age or disability (including AIDS and related conditions). (*Name of medical facility*) has an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act (ADA) of 1990. These regulations state, in part, that no person will, solely by reasons of his or her race, color, national origin, sex, religion age or disability (including AIDS and related conditions) be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving state or federal financial assistance.

1. Any person who believes he or she has been subjected to discrimination on the basis or race, color, national origin, sex, religion, age or disability (including AIDS and related conditions) may file a grievance under this procedure. It is unlawful for (*name of medical facility*) to retaliate against anyone who files a grievance or cooperates in the investigation or a grievance.
2. Grievances must be submitted to the Civil Rights Coordinator within 30 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
3. A complaint must be in writing, containing the name and address of the person filing it (“the grievant”). The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
4. The Civil Rights Coordinator (or his or her designee) will conduct an investigation of the complaint to determine its validity. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Civil Rights Coordinator will maintain the files and records of (*name of medical facility*) relating to such grievances.
5. The Civil Rights Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
6. The grievant may appeal the decision of the Civil Rights Coordinator by filing an appeal in writing to the (*administrator, CEO, board of directors, etc.*) within 15 days of receiving the Civil Rights Coordinator’s decision.
7. The (*administrator, CEO, board of directors, etc.*) will issue a written decision in response to the appeal no later than 30 days after its filing.
8. The availability and use of this grievance procedure do not preclude a person from filing a complaint of discrimination on the basis of race, color, national origin, sex, religion, age or disability (including AIDS and related conditions) with the Office for Civil Rights (OCR) in San Francisco, CA; telephone (415) 437-8096 (voice) or (415) 437-8311 (TDD).
9. If the grievance is based on a disability, (*name of medical facility*) will make appropriate arrangements to assure that persons with disabilities can participate in or make use of this grievance process on the same basis as persons who do not have disabilities. Such arrangements may include, but not be limited to, the provisions of interpreters for the deaf, providing taped cassettes for the blind, or assuring a barrier-free location for the proceedings. The civil rights coordinator will be responsible for providing such arrangements.