

Freeman Surgical Center

NONDISCRIMINATION STATEMENT GRIEVANCE PROCEDURE

It is the policy of the Freeman Surgical Center not to discriminate on the basis of race, sex, sexual orientation, color, national origin, marital status, disability or age. This Facility has adopted an internal grievance procedure which provides for a prompt and equitable resolution of complaints alleging any action prohibited by Title VI of the Civil Rights Act of 1964 Regulation 45 C.F.R. Part 80, by Section 504 of the Rehabilitation Act of 1973 Regulation 45 C.F.R. Part 84, or the Age Discrimination Act of 1975 Regulation 45 C.F.R. Part 91. The law and regulations may be examined in the office of the Administrator who has been designated as Section 504 Coordinator and whose responsibility is to coordinate the efforts of the Facility to comply with the Section 504.

1. Any person, who believes she or he has been subjected to discrimination in contradiction to the policy stated above, may file a grievance under this procedure. It is against the law for the Facility to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.
2. Grievances must be submitted to the Administrator 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 by the grievant.
4. The Administrator shall conduct an investigation of the complaint to determine its validity. The investigation will be informal and will give all interested parties the opportunity to submit evidence relevant to the complaint. The Administrator will be charged with the responsibility of coordinating the maintenance of the files and records of the Facility relating to such grievances.
5. The Administrator will review all evidence gathered and a written decision on the grievance will be issued no later than 30 days after its filing.
6. The grievant may appeal the decision received from the Administrator by filing an appeal in writing to the Governing Body of within 10 days of receiving the first level appeal decision.
7. The Governing Body shall issue a written decision in response to the second appeal no later than 30 days after its filing. The Administrator will not participate in the review and decision making process of the second level appeal.
8. The Facility will make appropriate arrangements to assure that disabled persons can participate in or make use of this grievance process on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Administrator will be responsible for providing such arrangements.
9. The availability and use of this grievance procedure does not preclude a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights: 601 East 12th Street, Room 248, Kansas City, MO 64106. Voice Phone: 816-426-7277 Fax: 816-426-3686 and/or TDD: 816-426-7065.

Freeman Surgical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-417-622-4270 TTY: 1-417-553-4265

Freeman Surgical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-417-622-4270 TTY: 1-417-553-4265.

Freeman Surgical Center erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-417-622-4270 TTY 1-417-553-4265.