

Title VI Complaint Procedure

The following pertains only to Title VI complaints regarding the services of Cheyenne County Hospital's Specialized Transport for Elderly and Disabled Persons.

Title VI, 42 U.S.C. §2000d et seq., was enacted as part of the Civil Rights Act of 1964. At the heart of the regulation is the statement that:

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Cheyenne County Hospital has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in Chapter III of the Federal Transit Administration Circular 4702.1B, dated October 1, 2012. If you believe that the hospital's federally funded programs have discriminated your civil rights on the basis of race, color, or national origin you may file a written complaint by following the procedure outlined below:

1. Submission of Complaint.

Any person who feels that he or she, individually or as a member of any class of persons, on the basis of race, color, or national origin has been excluded from or denied the benefits of, or subjected to discrimination caused by Cheyenne County Hospital, may file a written complaint with the hospital's Human Resources Director. A sample complaint form is available for download at www.cheyennecountyhospital.com and is available in hard copy at the offices of Cheyenne County Hospital. Upon request, the hospital will mail the complaint form. **Such complaints must be filed within 180 calendar days after the date the discrimination occurred.**

Notes: Assistance in the preparation of any complaints will be provided to a person or persons upon request and as appropriate. If information is needed in another language, then contact the Human Resources Director at (785) 332-2104.

Notas: Se brindará asistencia en la preparación de cualquier queja a una persona o personas que lo soliciten y según corresponda. Si necesita información en otro idioma, comuníquese con el Director de Recursos Humanos al (785) 332-2104.

Complaints should be mailed to or submitted by hand to:

**Cheyenne County Hospital
Attn: Human Resources Director
210 W 1st Street
St. Francis, KS, 67756**

2. Referral to Review Officer

Upon receipt of the complaint, the Human Resources Director shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint. If necessary, the Complainant shall meet with the staff review officer(s) to further explain his or her complaint. The staff review officer(s) shall complete their review no later than 45 calendar days after the date the agency received the complaint. If more time is required, the Human Resources Director shall notify the Complainant of the

estimated timeframe for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the merit of the complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to the hospital's processes relative to Title VI, as appropriate. The staff review officer(s) shall forward their recommendations to the Human Resources Director for concurrence. If the Human Resources Director concurs, he or she shall issue the hospital's written response to the Complainant. This final report should include a summary of the investigation, all findings with recommendations, corrective measures where appropriate.

Note: Upon receipt of a complaint, the Cheyenne County Hospital shall forward a copy of this complaint and the resulting written response to the appropriate KDOT and FTA-Region 7 contacts.

3. Request for Reconsideration

If the Complainant disagrees with the Human Resources Director's response, he or she may request reconsideration by submitting the request, in writing, to the hospital CEO within 10 calendar days after receipt of the Human Resource Director's response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the Human Resources Director. The hospital CEO will notify the Complainant of his or her decision in writing either to accept or reject the request for reconsideration within 10 calendar days. In cases where the Cheyenne County Hospital CEO agrees to reconsider, the matter shall be returned to the staff review officer(s) to re-evaluate in accordance with Paragraph 2 above.

4. Appeal

If the request for reconsideration is denied, the Complainant may appeal the hospital CEO's response by submitting a written appeal to Great Plains Health Alliance no later than 10 calendar days after receipt of the hospital CEO's written decision rejecting reconsideration. The Great Plains Health Alliance representative will then make a determination to either request re-evaluation by the staff review officer(s) or forward the complaint to KDOT for further investigation.

5. Submission of Complaint to the State of Kansas Department of Transportation.

If the Complainant is dissatisfied with Cheyenne County Hospital's resolution of the complaint, he or she may also submit a written complaint within 180 days after the alleged date of discrimination to the State of Kansas Department of Transportation for further investigation.

KDOT Office of Civil Rights Compliance
Eisenhower State Office Building
700 Southwest Harrison
3rd Floor West
Topeka, KS 66603

Cheyenne County Hospital's Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with Cheyenne County Hospital. You are not required to use this form; a letter containing the same information will be sufficient.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
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.			Yes	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				
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 attach additional pages.				

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____		
<input type="checkbox"/> State Court _____ <input type="checkbox"/> 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:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature _____ Date _____

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

Cheyenne County Hospital
 Attn: Human Resources Director
 210 W 1st Street
 Saint Francis, KS, 67756

List of Title VI Investigations, Lawsuits and Complaints

	Date Submitted/Filed (Month, Day Year)	Summary of allegation (include basis of complaint: race, color or national origin)	Status	Resolution/Action Taken
Investigations / lawsuits / complaints	n/a	n/a	n/a	n/a

- *Cheyenne County Hospital has not received a Title VI complaint in the past 5 years.*

Table Depicting Membership of Committees, Councils, Broken Down by Race

Body	Caucasian	Latino	African American	Asian American	Native American	Other
Population within service area	89%	7.8%	0.7%	1.3%	0.7%	0.9%
Cheyenne County Hospital Board of Directors	100%	0%	0%	0%	0%	0%