

# Grievance Procedure (Section 1557 of the Affordable Care Act)

It is the policy of Fair Haven Community Health Clinic, Inc. (FHCHC) not to discriminate on the basis of race, color, national origin, age, disability, sex or gender. FHCHC has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. §18116) and its implementing regulations at 45 C.F.R. 92, issued by the U.S. department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the person designated to coordinate efforts at FHCHC to comply with Section 1557:

Camila Rubino, Vice President of Operations  
374 Grand Avenue, New Haven, CT 06513  
Phone: 203.777.7411, TTY number: 711, Fax: 203.777.8506, Email: c.rubino@fhchc.org

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for FHCHC to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

## Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of FHCHC relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Chief Executive Officer or Designee within 15 days of receiving the Section 1557 Coordinator's decision. The Chief Executive Officer or designee shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, age, disability, sex or gender in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal:

### Office for Civil Rights Complaint Portal

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Or by mail or by phone at:

U.S. Department of Health and Human Services, Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

### Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

Such complaints must be filed within 180 days of the date of the alleged discrimination.

FHCHC will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

**Sylvia M. Burwell, Secretary, U.S. Department of Health and Human Services - Dated: May 11, 2016**

| Nondiscrimination Statement   |   |  |   |   |
|---|---|--|---|---|
| Fair Haven Community Health Clinic, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or gender. |   |  |   |   |
| Español (Spanish)   | العربية (Arabic)  | پښتو (Pashto)  | Português (Portuguese)  | English   |
| ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 203-974-0111 (TTY: 711).   | ملحوظ: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك مجاناً. اتصل برقم 203-974-0111 (رقم هاتف الصم والبكم: 711). | پام وکړئ: د ژبې مرستندويه خدمات، ستاسو لپلغا اړیکې ونیسئ پدې لپاره وړیا موجود دي. 203-974-0111 (TTY: 711). | ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 203-974-0111 (TTY: 711). | ATTENTION: Language assistance services, free of charge, are available to you. Please call 203-974-0111 (TTY: 711). |

