

Appendix B: Title VI Complaint Procedures

Discrimination Complaint Procedures

1. Applicability. The following complaint procedures are applicable to all persons who believe that they have been subject to discrimination by Sharp HealthCare related to the Sharp Transportation Program, which is funded in whole or in part by SANDAG. In general, it is designed to address disputes, including but not limited to the following:
 - 1.1 Disagreements regarding a requested service, accommodation, or modification of a Sharp HealthCare practice or requirement.
 - 1.2 Inaccessibility of a program, publication, or activity.
 - 1.3 Harassment or discrimination prohibited by California or federal law.
2. Preliminary Review Process. The following process must be completed prior to filing a Formal Complaint with SANDAG.
 - 2.1 Informal Resolution - Prior to submitting a formal complaint, the complaining party shall contact the Title VI Fleet Manager for assistance in resolving the matter informally as soon as is practical, generally within 15 calendar days of the time from when the subject of the complaint occurred or the complaining party became aware of Sharp HealthCare alleged non-compliance with state or federal non-discrimination laws. Complaints must be filed within 180 days of alleged incident.
The Title VI Fleet Manager at Sharp HealthCare can be reached at 8695 Spectrum Center Blvd., San Diego, CA 92123. 619-740-3077.
Sharp HealthCare will notify SANDAG of the complaint within 72 hours of receiving the complaint and record the complaint and steps taken toward resolution. Sharp HealthCare is responsible for informing the complaining party about Sharp HealthCare's complaint procedure, including the opportunity to file a formal complaint with SANDAG and/or the Federal Transit Administration (FTA) as described below.
 - 2.2 Report of Results to SANDAG and Complaining Party – Sharp HealthCare will email or mail SANDAG and the complaining party the results of the informal resolution process within 30 calendar days of receiving the complaint. If the complaining party is not satisfied with Sharp HealthCare's disposition of the matter, the complaining party may file a formal complaint with SANDAG following the procedure described below.
3. Formal Complaint. If the procedure for Preliminary Review and informal resolution by Sharp HealthCare does not yield a successful resolution, then the complaining party may file a formal, written complaint with SANDAG in the manner described below. SANDAG materials can be made available in alternative languages. To make a request, call (619) 699-1900. Los materiales de SANDAG están disponibles en otros idiomas. Para hacer una solicitud, llame al (619) 699-1900
 - 3.1 Complaints must be filed within one hundred eighty (180) calendar days of the alleged incident.
 - 3.2 Complaints must be in writing and must include an attached copy of any correspondence concerning the complaint with Sharp HealthCare.
 - 3.3 Complaints must be filed with the SANDAG Title VI Compliance Officer at 401 B Street, Suite 800, San Diego, CA 92101; Fax number (619) 699-1995; TTY (619) 699-1904.
 - 3.4 Investigation: The SANDAG Title VI Compliance Officer will initiate an investigation, which may include interviewing, consulting with, and/or requesting a written response to the issues raised in the complaint from any individual the SANDAG Title VI Compliance Officer believes to have relevant information,

including the ADA Compliance Officer, Sharp HealthCare staff and members of the public. SANDAG may also hold an informal hearing.

- 3.5 Review Panel: The SANDAG Title VI Compliance Officer will convene a review panel comprised of the SANDAG Title VI Compliance Officer, the ADA Compliance Officer, if applicable, a member of the administrative staff of SANDAG, the Deputy Executive Director (or designee) and (depending on the issues) any other personnel, as necessary. This panel will review the request, investigate, and attempt to resolve the issues within thirty (30) calendar days of SANDAG receiving the complaint.
 - 3.6 Representation: the complaining party and any party to whom the claim is directed shall have the right to representation.
 - 3.7 Findings and Notification: The SANDAG Title VI Compliance Officer or ADA Compliance Officer will prepare and provide the complaining party, and all other parties involved, a final report containing a summary of the investigation, findings in writing, and a proposed resolution. This report will be provided to the complaining party and Sharp HealthCare within forty-five (45) calendar days of the filing of the formal complaint.
 - 3.8 Final Resolution: The resolution proposed by the review panel will be effective immediately. The complaining party or any other party to whom the claim or proposed resolution is directed may appeal. The appeal to the Executive Director (as set forth below) will not suspend implementation of the resolution proposed by the SANDAG review panel, except in those circumstances in which the SANDAG Executive Director decides that there is sufficient reason to suspend implementation.
4. Appeal.
 - 4.1 Within a period of ten (10) calendar days from the issuance of the final report, the complaining party may appeal to the Executive Director of SANDAG.
 - 4.2 In order for an appeal to be accepted, a written request for review must be submitted to the SANDAG Executive Director.
 - 4.3 The written request for review must specify the particular fundamental basis, procedure, or both, of the appeal and must be made for reasons other than general dissatisfaction with the proposed resolution. In addition, the appeal should be directed only to the issues raised in the formal complaint filed or procedural errors in the handling of the complaint procedure.
 - 4.4 The review by the CEO of his / her designee should normally be limited to the following considerations: Did the correct facts and criteria influence the decision? Did incorrect or irrelevant facts or criteria fundamentally influence the decision to the detriment of the plaintiff? Were there any procedural irregularities that fundamentally influenced the outcome of the matter to the detriment of the plaintiff? Given the facts, criteria, and correct procedure, was this the decision that would have been reasonably made by a responsible decision-maker?
 - 4.5 A copy of the Executive Director's written decision is expected within thirty (30) calendar days from the filing of the appeal, which will be sent to all parties involved and, if applicable, to the persons whose authority will be required to carry out the disposition. The Executive Director may extend the term for a justified reason. The Executive Director's decision on the appeal will be the final decision of SANDAG.

5. Filing a Claim with the FTA: Anyone who believes that he or she, or any specific class of person, is subject to the discrimination prohibited under Title VI, may also file a written complaint with the FTA. A claim must be filed no later than 180 calendar days from the date of the alleged discrimination, unless the FTA extends the filing deadline. Title VI claims regarding federally funded programs at Sharp HealthCare may be submitted to the appropriate funding agency at:

Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor - TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Appendix C: Title VI Complaint Form

Discrimination Claim Form

Instructions: If you believe that Sharp HealthCare has discriminated against one or more persons in connection with the Sharp Transportation Program and you have already tried to resolve your complain informally with Sharp HealthCare without success, please complete this form in its entirety in black ink or typewritten. Sign it and return it to the address below. Various means of submitting complaints, such as personal interviews or a recording of the complaint, will be available to persons with disabilities, upon request to Sharp HealthCare.

Materials are available in other languages. Please call (619) 740-3077 for information.

SECTION 1 (Please print clearly):

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____(Home) _____(Work)
Accessible format requirements? ____ (Large print)____ (Audiotape)____ (TDD)____ (Other)

SECTION 2:

Are you filing this complaint on your own behalf? ____ (Yes) ____ (No)
If you answered yes to this question, go to Section 3.
If not, please supply the name and relationship of the person for whom you are complaining:
Name: _____ Relationship: _____
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 the third party. ____ (Yes) ____ (No)

SECTION 3"

I believe the discrimination I experienced was based on (check all that apply):
____ Race ____ Color ____ National Origin
Date and Place of Occurrence: _____
Name (s) and Title(s) of the person (s) who I believe discriminated against me:

The action or decision which caused me to believe I was discriminated against is as follows:
(Please include a description of what happened and how your benefits were denied, delayed or affected):

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

SECTION 4:

Have you previously filed a Title VI complaint with this agency? ____ (Yes) ____ (No)

SECTION 5:

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 Number: _____

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

I believe the above information is true and correct to the best of my knowledge.

Signature and date required below:

Printed Name

Signature

Date

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

Sharp HealthCare Transportation Department
Attn: Title VI Fleet Manager
8695 Spectrum Center Court
San Diego, CA 92123