



NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY DISCRIMINATION IS AGAINST THE LAW

Discrimination is prohibited by law.

The Grand Traverse County Health Department (GTCHD) adheres to applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. We do not exclude or treat individuals differently based on race, color, religion, national origin, age, disability, or sex.

We provide these services at no cost to assist individuals and families who do not primarily speak English and/or who have disabilities in communicating effectively. This includes:

- Qualified interpreters
- Information available in other languages
- Qualified sign language interpreters
- Information provided in alternative formats (such as large print, video, etc.)

If you require these services, please inform our staff.

If you believe that the GTCHD has not provided these services or has discriminated against you based on race, color, national origin, age, disability, or sex, you have the right to file a grievance. Grievances can be filed in person, by mail, fax, or email. For assistance with filing a grievance, please contact:

Laura Laisure, RN, Privacy and Section 1557 Contact
Grand Traverse County Health Department
2600 LaFranier Road
Traverse City, MI 49686
231-995-6111 TTY (711)
llaisure@gtcountymi.gov



You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. This can be done electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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INDIVIDUAL'S RIGHTS TO NONDISCRIMINATION GRIEVANCE PROCEDURE

POLICY

The Grand Traverse County Health Department will not discriminate based on race, color, national origin, sex, gender, age, or disability. The Grand Traverse County Health Department 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. pt. 92.2, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination based on race, color, national origin, sex, age, or disability in certain health programs and activities.

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

PROCEDURE

If a client approaches a staff member and believes he or she has been discriminated against:

1. Concerns regarding discrimination should be immediately directed to a supervisor or Director.
2. If the complaint remains unresolved, the client is encouraged to submit a written complaint stating the problem, the alleged discriminatory action, and the desired remedy.
3. Grievances must be submitted to the Section 1557 Contact within 60 days of becoming aware of the alleged discrimination.
4. The Section 1557 Contact will conduct a thorough investigation, maintaining confidentiality and allowing all involved parties to submit evidence.
5. A written decision on the grievance, based on evidence, will be issued within 30 days, informing the complainant of further administrative or legal options.
6. Appeals may be made to the Grand Traverse County Health Officer within 15 days of receiving the Section 1557 Contact's decision. A written response will be provided within 30 days.

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The availability and use of this grievance procedure do not prevent individuals from pursuing other legal or administrative remedies. Complaints of discrimination can be filed electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by contacting the U.S. Department of Health and Human Services by mail or phone at:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>, and they must be filed within 180 days of the alleged discrimination.

The GTCHD ensures that individuals with disabilities and limited English proficiency receive necessary auxiliary aids and services or language assistance services to participate in the grievance process. This may include providing qualified interpreters, compensatory materials for individuals with low vision, or ensuring a barrier-free location for proceedings. The Section 1557 Coordinator oversees these arrangements.

Original: 10/2016; Revised: 12/2018; 07/2020; 04/2024