



Policy Name: TITLE VI PROGRAM
Transportation Services

Effective Date: 02/01/2015	Policy No.:
Last Review Date: 01/05/2023	Reviewed by: Executive Vice President
Requires Board of Directors Review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Department Responsible:	Corporate Compliance and Ethics Department
Applies to:	All Workforce

Functional Area(s)							
All Facilities	X	All Clinic Locations		All SD PACE Locations		Corporate Office	
Other Location		Location Name if other is selected:					

I. PURPOSE:

To establish a process for addressing the concerns of any person who believes she or he has been aggrieved by any unlawful discriminatory practice may file a complaint with San Ysidro Health (SYHealth) with reasonable certainty that the alleged issues will be investigated.

II. POLICY:

SYHealth operates its programs without regard to age, gender, income status, race, color, religion, sexual orientation, and national origin, in accordance with Title VI of the Civil Rights Act of 1964. SYHealth also prohibits discrimination against individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990.

III. DEFINITIONS:

- Not applicable

IV. PROCEDURES:

If information is needed in another language, contact the Corporate Compliance Department, phone: 1-844-668-4100 or fax: 619-785-3372. DD/TTY: (800) 855-7100 for English to English, (800) 855-7200 for Spanish to Spanish. Patient Services Representatives at all locations are trained to assist any person with completing the complaint form.

1. **Applicability:** The following complaint procedures apply to all persons who believe that they have been subject to discrimination by SYHealth. 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 SYHealth practice or requirement.
- 1.2 Inaccessibility of a program, publication, or activity.
- 1.3 Harassment or discrimination prohibited by California or federal law.



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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 SYHealth Corporate Compliance Department for assistance in resolving the matter informally as soon as is reasonably practicable, generally within 15 calendar days of the time from when the subject of the complaint occurred, or the grievant became aware of SYHealth non-compliance. Complaints must be filed within 180 days of an alleged incident.

SYHealth's Chief Compliance Officer can be reached at San Ysidro Health – Corporate Compliance Department at 1601 Precision Park Lane, San Diego, CA 92173, 1-619-662-4100 and/or Corporate Compliance Hotline at 1-844-668-4100.

SYHealth will notify SANDAG of the complaint within 72 hours of receiving the complaint and record the complaint and steps taken toward resolution. SYHealth is responsible for informing the complaining party about SYHealth's complaint procedure, including the opportunity to file a formal complaint with SANDAG and/or the Federal Transit Administration (FTA) as described below.

If the Chief Compliance Officer is not successful in providing a quick resolution (within 30 calendar days) the issue raised will be reviewed by a review panel.

- 2.2 Review Panel – SYHealth's Corporate Compliance Department will convene a review panel that will consist of the Chief Corporate Officer, a member of the management staff, and (depending on the issue(s)) other personnel as may be appropriate. This panel will review the request, investigate, and attempt to resolve the issues within 30 calendar days of the request for or initiation of a second review. The panel will document the outcome of its review in a letter, which it will provide to the complaining party and SANDAG. If the complaining party is not satisfied with the panel's disposition of the matter, the complaining party may file a formal complaint following the procedure described below.

3. Formal Complaint: If the procedure for preliminary review does not yield a successful resolution by SYHealth, 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 10 calendar days from the date of the complaining party's receipt of notice of the end of the preliminary review process described above.
- 3.2 Complaints must be in writing and must include an attached copy of the letter from SYHealth Review Panel.
- 3.3 Complaints must be filed with 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 Compliance Officer or their designee 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 Compliance Officer believes to have relevant information, SYHealth



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staff, and members of the public. The Compliance Officer may also hold an informal hearing at their discretion.

- 3.5 Representation – The complaining party and any party against whom the grievance is directed has the right to have a representative.
- 3.6 Findings and Notification – The Compliance Officer will prepare and provide the complaining party, and all other parties involved, a final report containing a summary of the investigation, written findings, and a proposed disposition. This report will be provided to the complaining party and SYHealth within 45 calendar days of the filing of the formal complaint.
- 3.7 Final Disposition – The disposition proposed by the Compliance Officer will be put into effect promptly. The complaining party or any party against whom the complaint of the proposed disposition is directed may appeal. The appeal to the Chief Executive Officer (as set forth below) will not suspend the implementation of the disposition proposed by the Compliance Officer, except in those circumstances, where the SANDAG Chief Executive Officer decides that good cause exists making the suspension of the implementation appropriate.

4. Appeal:

Within ten (10) calendar days of the issuance of the final report, the complaining party may appeal to the SANDAG Chief Executive Officer.

A complaining party may appeal by filing a written request for review by the SANDAG Chief Executive Officer.

The written request for review must specify the particular substantive and/or procedural basis for the appeal and must be made on grounds other than general dissatisfaction with the proposed disposition. Furthermore, the appeal must be directed only to issues raised in the formal complaint as filed or to procedural errors in the conduct of the complaint procedure itself, and not to new issues.

The review by the Chief Executive Officer or designee normally shall be limited to the following considerations: Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear on the decision that substantially affected the decision to the detriment of the complaining party? Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the complaining party? Given proper facts, criteria, and procedure, was the decision one that a person in the position of the decision-maker might reasonably have made?

A copy of the Chief Executive Officer's written decision will be expected within 30 calendar days of the filing of the appeal and shall be sent to all parties involved and, if appropriate, to persons whose authority will be needed to carry out the disposition. The deadline may be extended by the Chief Executive Officer for good cause. The decision of the Chief Executive Officer or their designee on the appeal will be SANDAG's final decision.



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5. File with the FTA: Any person who believes themselves or any specific class of persons to be subjected to discrimination prohibited by ADA or Title VI may also file a written complaint with the FTA. A complaint should be filed no later than 180 days after the date of the alleged discrimination unless the time for filing is extended by FTA. Title VI and ADA complaints regarding federally funded programs SYHealth can be sent to the following address:

**Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor - TCR
1200 New Jersey Ave., SE
Washington, DC 20590**

V. FORMS:

Discrimination Complaint Form

If information is needed in another language, contact the Department of Compliance, phone: 1-844-668-4100 or fax: 619-785-3372. DD/TTY: (800) 855-7100 for English to English, (800) 855-7200 for Spanish to Spanish. Patient Services Representatives at all locations are trained to assist any person with completing the complaint form.

Instructions: If you believe San Ysidro Health (SYHealth) has engaged in discrimination against one or more persons relating to its Mobile Health Services Transportation Operations Program (TOP), please fill out this form completely, in black ink or type-written form. Sign and return to the "Return To" address below. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request to SANDAG.

Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Home: _____ Business: _____

Person Discriminated Against (if other than the complainant):

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Home: _____ Business: _____

When did the discrimination occur? (date): _____



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I believe the discrimination I experienced or was made aware of was based on (check all that apply):

☐ Race ☐ Color ☐ National ☐ Disability ☐ Other
Origin

Describe the alleged acts of discrimination providing the name(s) where possible of the responsible individuals (use space on the next page or attach additional pages if necessary). If you marked "Other" above, include the category upon which you believe the discrimination was based (medical condition, sex, veteran status, etc.):

Signature: _____

Date: _____

Return to:

Corporate Compliance Department
San Ysidro Health
1601 Precision Park Lane
San Diego, CA 92173
Phone: 1-844-668-4100; Fax: 619-785-3372
Email: teamcompliance@syhealth.org

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VI. GUIDELINES:

- Not Applicable

VII. OTHER RESOURCES:

- Not Applicable

VIII. POLICY REVISIONS:

Date Revised:	Revised By:	Approved By:	Summary of Revision(s)
7/6/2021	Compliance Coordinator		New Policy Template
12/13/2022	Compliance Manager		Removed Chief Compliance Officer's name, updated fax number
12/27/2022	VP-HR	E-VP	Added religion and sexual orientation to Part II
1/4/2023	Compliance Coordinator		Revised procedures and form to include ADA regulations
1/25/2023	Compliance Coordinator		SANDAG Revisions
02/1/2023	Compliance Coordinator		Added TTY number