Title VI Complaint Procedures and Complaint Form

Anyone who believes they have been discriminated against on the basis of race, color, or national origin, may file a complaint by completing and submitting the Title VI Complaint Form to the address below.

Mather Hospital
75 North Country Rd.
Port Jefferson, NY 11777
631-473-1320 x 5400

The complaint form is not required to file a complaint. The complainant may submit any written report as a complaint notice. Mather Hospital will make reasonable modifications and take information verbally if the complainant requires this accommodation.

Mather Hospital investigates complaints received no more than 180 days after the alleged incident. Once the complaint is received, Mather Hospital will follow the steps below:

1. Acknowledge receipt of the complaint within 10 days (*Appendix C*)
2. Determine if Mather Hospital has jurisdiction to investigate the complaint.
3. Plan to complete the investigation within 45 days.
4. Schedule an interview, if deemed necessary.
5. Determine if other public or private entities are or should be involved.
6. Determine if additional information is needed. Complainant has 15 days to provide the additional information.
7. If the Mather Hospital is not contacted by the complainant or does not receive the additional information within 15 days, the case can be administratively closed. Additionally, a case can be administratively closed if the complainant no longer wishes to pursue the case.
8. Determine if meetings with the affected party or other interested parties are needed.

After the investigative process has been completed, the Mather Hospital will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF).

1. A **closure letter** summarizing the allegations and stating that there was no Title VI violation and that the case will be closed. (*Appendix D*)
2. A **letter of finding (LOF)** summarizing the allegations and the interviews regarding the alleged incident, and explaining whether any disciplinary action, additional training of the staff member, or other action will occur. (*Appendix E*)

If the complainant wishes to appeal the decision, the complainant must submit the appeal within 21 days after the date of the closure letter or the LOF.

Filing complaints with Mather Hospital enables the agency to properly investigate the complaint. A person may also file a complaint directly with:

- New York State Department of Transportation
  Office of Diversity and Opportunity
  50 Wolf Road, 6th Floor
  Albany, NY 12232
  (518) 457-1129 Fax (518) 549-1273
  OCR-TitleVI@dot.ny.gov

- 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

If information is needed in another language, please contact Mather Hospital at 631-473-1320 x 5400.

Si se necesita informacion en otro idioma por favor contacto, 631-473-1320 x 5400.

Mather Hospital Title VI Complaint Form

Section I:				
Your Name:				
Address:				
Telephone (Home):		**Telephone (Work/Mobile):**		
Email 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):

☐ **Race** ☐ **Color** ☐ **National Origin**

Date of Alleged Discrimination (Month, Day, Year): _____

Agency name complaint is against: _____

Location of where the alleged discrimination occurred:- _____

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.

_____

_____

_____

_____

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_____

Section IV
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:** _____
Provide information for the contact person at the agency/court where the complaint was filed.
Name and Title:
Agency:
Address:
Telephone:

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 by mail, email or in person to the address below.

Mather Hospital
Jennifer Jaquillard, MSN, RN, CPN
Title VI Coordinator
75 North Country Road
Port Jefferson, NY 11777
Tel: (631) 473 -1320 x 5400
Email: jjaquillard@northwell.edu

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the 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.