

Memorial Healthcare System ADA Complaint/Appeal Form

This grievance procedure is established to meet the requirements of the ADA. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by Memorial Healthcare System.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number, email address of complainant and location, date, and description of the problem. 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.

The complaint should be submitted as soon as possible, preferably within 60 calendar days of the alleged violation to: ADA Coordinator Denise "Denny" DiCesare at 954-265-1875 or ddicesare@mhs.net.

The following are the Grievance Procedures:

- Grievances must be submitted to the Section 504 Coordinator within seven 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 504 Coordinator shall conduct an investigation of the complaint.
- The Section 504 Coordinator will maintain the relevant files and records relating to such grievances.
- The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the 504 Coordinator by writing to the Administrator of the facility within 15 days of receiving the Section 504 Coordinator's decision.
- The Administrator of the facility 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 filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office of Civil Rights.

The ADA Coordinator for the Memorial Healthcare System is:

Coordinator Contact: Denise "Denny" DiCesare
Chief Compliance and IA Officer
Memorial Healthcare System
3501 Johnson Street, Hollywood, FL 33021
954-265-1875
DDicesare@mhs.net



ADA Coordinator

August 24, 2021

Date

What is the nature of the ADA complaint/appeal (include the time/date and location of the incident)

For agency use:

Action taken by Memorial Healthcare System in response to the ADA complaint:

Has an appeal been submitted to Memorial Healthcare System for a denial of service (if applicable)?

- Yes
- No

Result of appeal (include agency staff responsible for appeal process and date/time/location of meeting)

Has this appeal been resolved?

- Yes
- No

Please describe any further action or follow-up required:

Signature

Date