

## **Visiting Nurse Services in Westchester, Inc.**

### **Notice of Nondiscrimination/Filing a Grievance**

Visiting Nurse Services in Westchester, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, religion, sex, national origin, age or disability with regard to admission, access to treatment or employment.

Visiting Nurse Services in Westchester, Inc. provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats); and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator.

If you believe that Visiting Nurse Services in Westchester, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by using the following contact information: Visiting Nurse Services in Westchester, Inc., c/o Civil Rights Coordinator, 360 Mamaroneck Ave., White Plains, NY 10605; or call 914-682-1480, ext. 599; or email: [complianceofficer@vns.org](mailto:complianceofficer@vns.org). If you need help filing a grievance, our Civil Rights Coordinator is available to help.

It is the law for Visiting Nurse Services in Westchester, Inc. not to retaliate against anyone who opposes discrimination, files a grievance or participates in the investigation of a grievance. Grievances must be submitted to Visiting Nurse Services in Westchester, Inc. within 60 days of the date you become aware of the possible discriminatory action, and must state the problem and the solution sought. We will issue a written decision on the grievance based on a preponderance of evidence no later than 30 days after its filing, including a notice of your right to pursue further administrative or legal action. You may also file an appeal of our decision in writing to the Administrator/CEO within 15 days. The Administrator/CEO will issue a written response within 30 days after its filing.

The availability and use of this grievance procedure does not prevent you from pursuing other legal or administrative remedies.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by using any of the following methods:

- Submit electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

- Write to U.S. Department of Health and Human Services, 200 Independence Ave., SW Room 509F, HHH Building, Washington, D.C. 20201. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.
- Call 1-800-368-1019 (toll free) or 1-800-537-7697 (TDD).