



Newport Hospital and Health Services

714 W. Pine Street, Newport, WA 99156 • (509) 447-2441

www.NewportHospitalAndHealth.org

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”), Newport Hospital and Health Services (NHHS) shall not discriminate against qualified individuals with disabilities on the basis of disability in its programs, services, or activities.

Employment: NHHS does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: NHHS will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in NHHS’s programs, services, and activities.

Modifications to Policies and Procedures: NHHS will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in NHHS’s offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures to participate in a program, service, or activity of NHHS should contact the **ADA Coordinator, NHHS’s Chief of Human Resources at (509) 447-9406** as soon as possible but no later than seventy-two (72) hours before the scheduled event. The backup ADA Coordinator is NHHS’s Human Resource Manager and may be contacted at (509) 447-9469.

The ADA does not require that NHHS take any action that would fundamentally alter the nature of its programs, services, or activities, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of NHHS is not accessible to persons with disabilities should be directed to the ADA Coordinator listed above.

No fee will be charged by NHHS to a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

NHHS AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE

NHHS hereby adopts this grievance procedure to provide for prompt and equitable resolution of complaints alleging any action that is prohibited by Title II of the Americans with Disabilities Act (hereinafter “ADA”). NHHS has designated the Chief of Human Resources as the ADA Coordinator.

In the event a request for access to NHHS’s programs, services, activities, or facilities cannot be resolved, an individual may file a grievance either orally or in writing by contacting the ADA Coordinator, NHHS, Chief of Human Resources, 714 West Pine Street, Newport, WA, 99156, (509) 447-9406. An individual may file a grievance either orally or in writing by contacting the ADA Coordinator. NHHS’s ADA Coordinator is available to disabled persons requiring assistance to file a grievance. NHHS’s communications regarding the grievance will be in a format accessible to the grievant.



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The procedure to file a grievance is as follows:

STEP 1.

A written grievance should be filed on the ADA Grievance Form attached hereto. If the grievance is not filed on the Grievance Form, it should nonetheless contain the following information:

- The name, address, and telephone number of the person filing the grievance.
- The name, address, and telephone number of the person alleging the ADA violation, if other than the person filing the grievance.
- A description of the alleged violation and the remedy sought.
- Information regarding whether a complaint has been filed with the United States Department of Justice or other federal or state civil rights agency or court.
- If a complaint has been filed, the name of the agency or court where the complaint was filed, the date the complaint was filed, and the name, address, and telephone number of a contact person with the agency with which the complaint was filed.

An oral grievance can be filed by contacting the ADA Coordinator. The oral grievance will be reduced to writing by the ADA Coordinator utilizing the ADA Grievance Form and will be signed by grievant.

STEP 2.

The grievance will be either responded to or acknowledged within twenty (20) working days of receipt.

STEP 3.

Within sixty (60) calendar days of receipt, the ADA Coordinator will conduct the investigation necessary to determine the validity of the alleged violation. If appropriate, the ADA Coordinator will arrange to meet with the grievant to discuss the matter and attempt to reach an informal resolution of the grievance. Any informal resolution of the grievance will be documented in NHHS's ADA Grievance File.

STEP 4.

If an informal resolution of the grievance is not reached, a written determination as to the validity of the complaint and description of the resolution, if appropriate, shall be issued by the ADA Coordinator and a copy forwarded to the grievant no later than ninety (90) calendar days from the date of NHHS's receipt of the grievance.

STEP 5.

The grievant may request reconsideration if he/she is dissatisfied with the written determination. The request for reconsideration shall be in writing and filed with the NHHS, Chief Executive Officer, 714 West Pine Street, Newport, WA, 99156, within thirty calendar (30) days after the ADA Coordinator's



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determination has been mailed to the grievant. The Chief Executive Officer shall review the request for reconsideration and make a final determination within ninety calendar (90) days from the filing of the request for reconsideration.

STEP 6.

If the grievant is dissatisfied with NHHS's handling of the grievance at any stage of the process or does not wish to file a grievance through NHHS's ADA Grievance Procedure, the grievant may file a complaint directly with the United States Department of Justice or other appropriate state or federal agency. The use of NHHS's grievance procedure is not a prerequisite to the pursuit of other remedies.

The resolution of any specific grievance will require consideration of varying circumstances, such as the specific nature of the disability; the nature of the access to the programs, services, activities, or facilities at issue and the essential eligibility requirements for participation; the health and safety of others; and the degree to which an accommodation would constitute a fundamental alteration to the program, service, activity or facility, or cause undue hardship to NHHS. Accordingly, the resolution by NHHS of any one grievance does not constitute a precedent upon which NHHS is bound or upon which other complaining parties may rely.

File Maintenance

NHHS's ADA Coordinator shall maintain ADA grievance files for a period of three (3) years from the date of notice of the grievance.

For more information, please contact:

Joseph Clouse, ADA Coordinator

Chief of Human Resources

714 West Pine Street

Newport, WA 99156

(509) 447-9406

Casey Scott, backup ADA Coordinator

Human Resources Manager

714 West Pine Street

Newport, WA 99156

(509) 447-9469



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ADA Grievance Form

ADA Grievance Form	
Today's Date	
Complainant's Full Legal Name:	
Address:	
City, State, Zip:	
Telephone and E-mail:	
Legal Name of Individual Discriminated Against if Different than Complainant's:	
Address:	
City, State, Zip:	
Telephone and E-mail:	
Alleged Violation	
Date(s) of Occurrence:	
Description of Violation and NHHS Department Involved (please attach additional pages or use back of form if more space is needed):	
Requested Action by NHHS to Correct Violation	
Has Complaint been Filed with State or Federal Agency	<input type="checkbox"/> No <input type="checkbox"/> Yes : Name of Agency _____ Date Filed _____
Contact person	
Printed name of Complainant	
Signature of Complainant	
Date Signed	