

Community Hospital, and all of its affiliate facilities, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, Community Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

Community Hospital:

- 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)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Patient Advocate or any staff member.

If you believe that Community Hospital or any of its affiliate facilities 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 with: Erica Eng, Patient Advocate, Community Hospital, 2351 G Road, Grand Junction, CO 81505, Tel: 970-644-3154, Fax: 970-644-3037, email: eeng@gjhosp.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Erica Eng, Patient Advocate, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 970-242-0920.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 970-242-0920.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 970-242-0920.

繁體中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電970-242-0920。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 970-242-0920 번으로 전화해 주십시오.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 970-242-0920.

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 970-242-0920.

العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 970-242-0920.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 970-242-0920.

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 970-242-0920.

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 970-242-0920 ।

Tagalog (Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 970-242-0920.

日本語 (Japanese) 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。970-242-0920まで、お電話にてご連絡ください。

Cushite ♦ Oroomiffa (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 970-242-0920.

Persian (Farsi) رسى (Farsi) با تماس 970-242-0920 توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با بگیرید.

Kru Bàsòò-wùdù-po-nyò (Bassa) Dè dè nà ke dyédé gbo: Ǿ jũ ké m̩ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuḍu kà kò dò po-poò béin m̩ gbo kpáa. Dá 970-242-0920

Igbo asusu (Ibo) Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 970-242-0920.

èdè Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 970-242-0920.

Community Hospital Notice of Nondiscrimination

Colorado West Healthcare System does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, creed, etc., in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments, whether carried out by Colorado West Healthcare System directly or through a contractor or any other entity with which Colorado West Healthcare System arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and 28 CFR Part 35.

Individuals who have a concern or grievance with Colorado West Healthcare System due to discrimination may contact:

Section 504 Coordinator/Patient Advocate
2351 G Road
Grand Junction, CO 81505
970-242-0920/970-644-3154

Relay Colorado: 711 or toll free: 1-800-676-3777; toll free Spanish: 1-800-855-2885.

The Section 504 Coordinator will provide guidance and support in the grievance process.

Filing a grievance with the Section 504 Coordinator/Patient Advocate does not prevent the applicant, patient, or his/her companion from filing a complaint with the:

HHS/Office for Civil Rights
1961 Stout Street
Room 08-148
Denver, CO 80294
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov