

Notice of Nondiscrimination

Discrimination is against the law. Cibola General Hospital, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes), age, or disability. We do not exclude people or treat them differently because of any of these characteristics.

We provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively (for example, qualified sign-language interpreters and information in alternative formats such as large print, audio, or accessible electronic formats). We also provide free language assistance services to people whose primary language is not English (for example, qualified interpreters and information written in other languages).

If you need reasonable modifications, auxiliary aids and services, or language assistance services, contact 505-287-4446 or 505-287-6500. TTY users can dial 711. These services are free of charge.

If you believe Cibola General Hospital, Inc. has failed to provide these services or has discriminated in any way, you may file a grievance with: Cibola General Hospital, Inc., ATTN: Civil Rights Coordinator (Compliance Department), 1016 E Roosevelt Ave., Grants, NM 87020; Phone: 505-287-5305; TTY users can dial 711; Fax: 505-287-5309; Email: compliance@cibolahospital.com. You may file in person, by mail, fax, or email. If you need help filing a grievance, the Compliance Officer is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically 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, DC 20201; 1-800-368-1019; 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Availability

English

We provide free language assistance and free auxiliary aids and services to help you communicate with us. Examples may include qualified interpreters, written information in other languages, sign-language interpreters, or information in large print or accessible electronic formats. If you need these services, call the Hospital at 505-287-4446 or the Clinic at 505-287-6500. TTY users can dial 711 to reach us through a Telecommunications Relay Service. These services are free of charge.

Navajo — Diné Bizaad

SHOOH: Diné bee yánilti' gogo, saad bee aná' awo' bee áka' anida' awo' it' áá jiiik' eh ná hóló. Bee ahil hane' go bee nida' anishi' t' áá ákodaat' éhígíí dóó bee áka' anida' wo' í áko bee baa hane' í bee hadadilyaa bich' í' ahoot' í' ígíí éí t' áá jiiik' eh hóló. Kohjì áq505q287q4446 1-505-287-6500 (TTY: 711) hodíílnih doodago nika' aná'wo' í bich' í' hanidziih.

German — Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-505-287-4446, 1-505-287-6500, (TTY: 711) an oder sprechen Sie mit Ihrem Provider.“

Arabic — العربية

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-505-287-4446 أو تحدث إلى مقدم الخدمة“.

Tagalog — Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-505-287-4446, 1-505-287-6500 (TTY: 711) o makipag-usap sa iyong provider.

French — Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-505-287-4446, 1-505-287-6500 (TTY: 711) ou parlez à votre fournisseur.

Russian — Русский

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-505-287-4446, 1-505-287-6500 (TTY: 711) или обратитесь к своему поставщику услуг.

Persian (Farsi) — فارسی

فارسی

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. یا شماره 1-505-287-4446, 1-505-287-6500, (TTY 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Spanish — Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-505-287-4446, 1-505-287-6500 (TTY: 711) o hable con su proveedor.

Vietnamese — Tiếng Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-505-287-4446, 1-505-287-6500 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Chinese (Simplified) — 中文

中文

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-505-287-4446, 1-505-287-6500 (文本电话: 711) 或咨询您的服务提供商。”

Korean — 한국어

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-505-287-4446, 1-505-287-6500 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.”

Japanese — 日本語

日本語

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル (誰もが利用できるよう配慮された) な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-505-287-4446, 1-505-287-6500 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Italian — Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 1-505-287-4446, 1-505-287-6500 (TTY: 711) o parla con il tuo fornitore.

Hindi — हिन्दी

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। मैं जानकारी परदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-505-287-4446, 1-505-287-6500 (TTY: 711) पर कॉल करें या अपने परदाता से बात करें।”

Thai — ไทย

ไทย

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อ ให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-505-287-4446, 1-505-287-6500 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ。”

Cibola General Hospital 1016 E. Roosevelt Ave. Grants, NM 87020 Phone: 505-287-4446 Fax: 505-287-5309		Policy # 911COM035
TITLE: Section 1557 Grievance Procedure: Nondiscrimination In Health Programs and Activies		
Policy First Effective Date: 01/2018	Last Revision Date: 09/29/2025	Last Review Date: 09/29/2025; 09/2024;06/2022

POLICY

It is the policy of Cibola General Hospital Corporation (CGHC) not to discriminate based on race, color, national origin, sex (including pregnancy, sexual orientation, and gender identity), age, or disability. CGHC has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. Part 92.

SCOPE

This procedure applies to patients, companions, visitors, and members of the public who interact with CGHC programs and activities. Workforce members may also use this process for patient-facing discrimination concerns; employee-only discrimination concerns are handled under HR policies.

DEFINITIONS

- Complainant: The person alleging discrimination.
- Section 1557 Coordinator: The Compliance Officer or designee responsible for administering this procedure.
- LEP: Limited English proficiency.
- Auxiliary aids and services: Communication supports for individuals with disabilities (for example, qualified sign-language interpreters, captioning, large print, braille, assistive listening devices).

NON-RETALIATION

CGHC prohibits retaliation against anyone who opposes discrimination, files a grievance, or participates in an investigation. Retaliation complaints may be filed under this procedure.

HOW TO FILE A GRIEVANCE

- Deadline to File: Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the Complainant became aware of the alleged discriminatory action.
- Submission Methods: In person, by mail, by phone, or electronically (secure web form or email).
- Content: The grievance should include the Complainant's name and contact information, a description of the problem, the date(s), location(s), persons involved (if known), and the remedy requested. CGHC will assist individuals in completing a grievance upon request.

- Accessibility: Interpreter services and auxiliary aids will be provided at no cost for LEP individuals or individuals with disabilities.
- Representation: A Complainant may use a representative or advocate.

INVESTIGATION AND DECISION

1. Intake & Acknowledgment: Within 5 business days of receipt, CGHC will acknowledge the grievance and confirm the investigator.
2. Investigation: The Section 1557 Coordinator (or designee) will conduct a thorough and impartial investigation, allowing the parties to submit evidence and identify witnesses. To the greatest extent possible and consistent with law, CGHC will maintain confidentiality and share information only with those who need to know.
3. Decision: Within 30 days after filing, the Section 1557 Coordinator will issue a written decision based on a preponderance of the evidence. The decision will include: findings, conclusions, any corrective actions, interim measures if needed, and notice of appeal rights. If additional time is required due to complexity or unavailability of key witnesses, CGHC will notify the Complainant in writing with an updated timeline (not to exceed an additional 30 days absent good cause).

APPEAL

A Complainant may appeal the decision by writing to the Chief Executive Officer within 15 days of receiving the Coordinator's decision. The CEO will review the record, may request additional information, and will issue a written decision within 30 days. The CEO's decision is CGHC's final determination.

URGENT OR EXPEDITED REVIEW

If a grievance involves an urgent health or safety risk, or immediate need for language or disability accommodation, the Coordinator will implement interim measures without delay and may expedite the review timeline.

OCR COMPLAINT OPTION

- The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR).
- A complaint may be filed electronically through the OCR Complaint Portal at <https://ocrportal.hhs.gov/> or by mail at:
U.S. Department of Health & Human Services
Independence Ave SW Room 509F HHH Building
Washington, DC 20201.

Complaints to OCR generally must be filed within 180 days of the alleged discrimination.

RECORDS AND RETENTION

The Section 1557 Coordinator will maintain grievance files, evidence, decisions, and correspondence for at least six (6) years from the date of the final decision. Aggregate trends will be reported to the Compliance Committee and Board per 911COM002.

POSTING AND NOTICE

CGHC will post this grievance procedure together with the Notice of Nondiscrimination and the Notice of Availability of language assistance services in patient-facing areas and on the CGHC website.

RELATED POLICIES

- 911COM039 – Section 1557 Nondiscrimination and Language Access Policy
- 911COM020 – Compliance Program Policy
- 911COM034 – Whistleblower Protection and Reporting Policy
- 911COM041 – HIPAA Privacy and Security Policy

REFERENCES

- Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116; 45 C.F.R. Part 92 (2024 Final Rule).
- OCR Guidance on Nondiscrimination in Health Programs and Activities.
- Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.
- Title VI of the Civil Rights Act of 1964.