

**PENDER COMMUNITY  
HOSPITAL DISTRICT  
ADA Compliance  
Federal Transit Administration  
Section 5310 Subrecipients**



**JUNE 2023**

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## **NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)**

### **PENDER COMMUNITY HOSPITAL DISTRICT**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), Pender Community Hospital District does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

**Employment:** Pender Community Hospital District 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:** Pender Community Hospital District will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the Pender Community Hospital District programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

**Modifications to Policies and Procedures:** Pender Community Hospital District 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 our 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 Pender Community Hospital District, should contact:

Laura Gamble  
CEO  
100 Hospital Drive  
PO Box 100  
Pender, NE 68047  
402-385-4012  
laura.gamble@pchne.org

The ADA does not require Pender Community Hospital District to take any action that would fundamentally alter the nature of its programs or services.

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

Pender Community Hospital District will not place a surcharge on 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.

## Authorities

Section 504 of the Rehabilitation Act of 1973, as amended, provides that “No otherwise qualified disabled individual in the United States, as defined in section 7(6), shall, solely by reason of his disability, be excluded for the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

29 USC 794 (October 29, 1992 to the Rehabilitation Act of 1973) substitutes “a disability” for “handicaps” and “disability” for “handicap”.

49 CFR Part 27.13 (Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance) states, “This part applies to each recipient of Federal financial assistance from the Department of Transportation and to each program or activity that receives or benefits from such assistance”.

49 CFR Part 28.102 (Enforcement of Nondiscrimination on the Basis of Disability in Programs or Activities Conducted by the Department of Transportation) states, “This part applies to all programs or activities conducted by the Department of Transportation except for programs and activities conducted outside the United States that do not involve individuals with disabilities in the United States.”

28 CFR Part 35 (Judicial Administration) states that: “The purpose of this part is to effectuate Subtitle A of Title II of the ADA which prohibits discrimination on the basis of disabilities by public entities.

49 CFR part 27 (Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance) states, “The purpose of this part is to carry out the intent of Section 504 of the Rehabilitation Act of 1973 (29 USC 794) as amended, to the end that no otherwise qualified disabled individual in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

49 CFR Part 28-140 (Employment) states that, “(a) No qualified individual with disabilities shall, on the basis of disability, be subjected to discrimination in employment under any program or activity conducted by the Department,” and “(b) The definitions, requirements, and procedures of Section 504 of the Rehabilitation Act of 1973 (29 USC 791), as established by the Equal Employment Opportunity Commission in 29 CFR part 1613, shall apply to employment in federally conducted programs or activities.

29 CFR Part 1613 (Equal Employment Opportunity in the Federal Government) states that: “It is the policy of the Government of the United States...to provide equal opportunity in employment for all persona to prohibit discrimination in employment because of race, color, religion, sex, or national origin and to promote the full realization of equal employment opportunity through a continuing affirmative program in each agency.”

42 USC Part 12101-12213 (The Americans with Disabilities Act of 1990) states that: “No covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment.”

## Complaint Procedures

No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

These procedures apply to all complaints filed under Section 504 of the Rehabilitation Act of 1973, relating to any program or activity administered by the Nebraska Department of Transportation (NDOT) or its sub-recipients, consultants and/or contractors. Intimidation or retaliation of any kind is prohibited by law.

Persons Eligible to File: any individual or group of individuals, or entity who believes that he or she or any specific class of persons has been subjected to discrimination or retaliation prohibited by any of the Civil Rights Authorities based upon race, color, sex, age, national origin or disability may file a written complaint.

**DISCRIMINATION:** an act (or action) or inaction whether intentional or unintentional, through which a person in the United States, based on race, color, sex, age, national origin, or disability has been subjected to unequal treatment under any program or activity receiving Federal financial assistance.

Two complaint forms are available for the individual. The ADA Complaint Form (Appendix A) is for individuals that believe Pender Community Hospital District programs, services, or activities may be discriminatory. The Reasonable Modification Complaint form is to request a modification to ensure Pender Community Hospital District programs and activities are accessible.

## Filing of Complaint

1. Complaints may be filed by the affected individual or a representative of that individual.
2. Complaints must be in writing and contain as much information as possible about the alleged discrimination. Pender Community Hospital District has prepared a Complaint Form to be used for the convenience of the complainant. The written complaint should include:
  - a. Complainant’s name, address and telephone number,
  - b. A detailed description of the issues,
  - c. Name and job titles of individuals perceived as parties in the complaint.

Complaints received by telephone will be placed in writing and provided to complainant for confirmation or revision, and signature before processing.

3. Complaint forms will be available on pchne.org or by contacting Laura Gamble, CEO. Complaints and substantiating information should be sent to:

Kari Ruse  
NDOT Transit Manager  
1400 Highway 2  
PO Box 94759  
Lincoln, Nebraska 68509  
402-479-4694

- OR -

Laura Gamble  
CEO  
100 Hospital Drive  
PO Box 100  
Pender, NE 68047  
402-385-4012

Alternate means of filing a complaint will be made available to accommodate persons with disabilities upon request.

4. A complaint should be filed as soon as possible but must be no later than 180 calendar days after the complainant becomes aware of the alleged discrimination, unless the time for filing is extended by the designated agency for good cause shown.
5. Upon receipt of the complaint, Pender Community Hospital District will notify the Nebraska Department of Transportation, to coordinate all further activity regarding the complaint.
6. The CEO will contact the complainant to:
  - a. Acknowledge receipt of the complaint by the investigator,
  - b. Confirm that the complainant wishes to go forward with the complaint,
  - c. Confirm that there are allegations that need to be investigated and resolved, and
  - d. Gather additional facts and further clarify the complaint.

### **Investigation of Complaint**

An Investigator will review and investigate the complaint. As part of the review, the investigator will at minimum:

1. Gather relevant documentation from the complainant not included in the complaint, such as forms, memos, letters, and photographs information
2. Contact complainant to arrange and conduct interview, if needed
3. Maintain log of all activities associated with complaint.
4. Complete Investigative Report of information, findings, photos, and recommendations for correction to the Nebraska Department of Transportation.

A copy of the complaint, together with a copy of the Agency's report of investigation, shall be forwarded to the Nebraska Department of Transportation within 60 days of the date the complaint was received.

An ADA finding of violation or no violation is a Federal decision that cannot be delegated.

### **Dismissal of Complaint**

A decision to dismiss a complaint cannot be designated to the agency. A decision to dismiss a complaint can be done for the following reasons:

- The complaint is untimely filed
- The complaint does not allege a basis covered by the statutes for which Pender Community Hospital District is responsible
- The complaint does not allege any harm with regard to covered programs or statutes
- The complainant requests the withdrawal of the complaint
- The complainant fails to respond to repeated requests for additional information needed to process the complaint
- The complainant cannot be located after reasonable attempts

Pender Community Hospital District has developed the following complaint procedures:

- ADA Complaints
- Reasonable Modification Complaints/Requests

**ADA DISCRIMINATION COMPLAINT FORM**  
Pender Community Hospital District

|  |        |
|--|--------|
| Complainant:   | Phone: |
| Address: (City, State, Zip):   | Email: |
| Person Discriminated Against if Different from Above:  | Phone: |
|  | Email: |
| Date of Incident:  |        |
| Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.   |        |
| Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint ( <i>attach additional pages, if necessary</i> ). |        |
| Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint ( <i>attach additional pages, if necessary</i> ). |        |

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

\_\_\_\_\_

Signature Date

Attachments:  Yes  No

Submit completed form to: Laura Gamble, CEO  
100 Hospital Drive  
PO Box 100  
Pender, NE 68047  
402-385-4012  
laura.gamble@pchne.org

|                            |       |
|----------------------------|-------|
| <b>- AGENCY USE ONLY -</b> |       |
| Received By:               | Date: |



