



The Florida Department of Health has established the following grievance procedure to meet the requirements of the Americans with Disabilities Act of 1990 (“ADA”). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Florida Department of Health (“Department” or “DOH”) or any of its contractors.

Any client, patient, or beneficiary who believes that he or she was denied services or has been discriminated against with regard to services provided by the Florida Department of Health may file a complaint with the Manager of the Equal Opportunity Section as soon as possible but no later than sixty (60) calendar days of the alleged discriminatory action. The complaint should be submitted to:

ADA Coordinator and Equal Opportunity Manager
Florida Department of Health
2585 Merchants Row Boulevard, Suite 120
Mailing Address: 4052 Bald Cypress Way, Bin A-02
Tallahassee, Florida 32399-1703
(850) 245-4002 (Phone)
(850) 487-2168 (Fax)
(850) 410-1451 (TTY)

Email: eo@doh.state.fl.us

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant, location, date, and description of the discriminatory action. Alternative means of filing a complaint, such as personal interviews or a tape recording of the complaint, will be made available upon request.

A complaint alleging discrimination in the delivery of services or benefits may also be filed with the following:

U.S. Department of Health and Human Services, Office of Civil Rights at 1-800-368-1019 or at

www.hhs.gov/civilrights/complaints/index.html

United States Department of Justice, Office of Civil Rights at

www.ojp.usdoj.gov/about/ocr/complaint.htm

NOTICE OF DECISION AND RESOLUTION

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or designee will contact the complainant to discuss the complaint. Within 15 calendar days of the contact, the ADA Coordinator or designee will respond in writing. The response will explain the position of the DOH and offer options for substantive resolution of the complaint. Upon request, the response can be provided in an alternative format, such as large print, audio tape, or Braille. If the complainant is not satisfied with the response, an appeal may be submitted to the General Counsel within 15 calendar days after receipt of the response.

**Let us know if you need assistance; call the
ADA Coordinator at 850-245-4002,
or contact your local County Health Department to find out
more.
Contact Person and Phone Number**

**The Florida Department of Health
provides interpretive services
to clients and applicants for
services without charge or
fee – including assistance for
Deaf or Hearing-impaired,
Speech-impaired, or
Limited English - clients, applicants
and/or family members.**



Florida Relay Service 711

To contact the EQUAL OPPORTUNITY SECTION ADA Coordinator

By Mail - 4052 Bald Cypress Way * Bin #A02
In Person – 2585 Merchants Row Boulevard, Suite 120
Tallahassee, FL 32399-1703
Phone: (850) 245-4002
FAX: (850) 487-2168
TDD: (850) 410-1451 or Florida Relay Service 711



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**CLIENT SERVICES
GRIEVANCE PROCEDURE**
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**Florida
Department of Health**

**Office of the General Counsel
EQUAL OPPORTUNITY SECTION**

**John H. Armstrong, MD, FACS
Surgeon General & Secretary**

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