



## NON-DISCRIMINATION POLICY

"Patient services are provided without regard to race, color, religion, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin".

Any patient who believes she or he has been subjected to discrimination or who believes he or she has witnessed discrimination, in contradiction of the policy stated above, may file a grievance under this procedure. It is against the law for TOP AID HEALTHCARE, INC to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Grievances must be submitted to the administrator within 30 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

A complaint may be filed in writing, or verbally, containing the name and address of the person filing it (the grievance"). The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought by the grievant.

The administrator, (or her/his representative) will investigate the complaint to determine its validity. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.

The administrator will issue a written decision on the grievance no later than 30 days after its filing.

The griever may appeal the decision of the administrator by filing an appeal in writing to TOP AID HEALTHCARE, INC within 15 days of receiving the administrator's decision.

### TOP AID HEALTHCARE, INC

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Acknowledgement of receipt:

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member/Caregiver: \_\_\_\_\_

Organization Representative: \_\_\_\_\_