

DISCRIMINATION COMPLAINT FORM

It is the policy of Gunnison Valley Hospital not to discriminate on the basis of race, color, national origin, sex, age or disability. If you feel that you have been discriminated against while a patient or a visitor; please complete this form. You are not required to use the form, you may also write a letter, send an email, or mail a compliant with the same information to:

Gunnison Valley Hospital
Attn: Liz Brown, Civil Rights Coordinator
PO Box 759
Gunnison, UT 84634
lizb@gvhospital.org

Note to staff: Please return this form to Liz Brown

You must submit your complaint in writing within 60 days of the alleged discriminatory action with the below information. Without the below information completed we may not be able to proceed with your complaint. If you have questions or need assistance, please call Liz Brown, Civil Rights Coordinator, at 435-528-7246.

Today's Date: _____

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Incident or Situation: _____

Where did the alleged discrimination occur?

Please describe what happened. Why do you believe that you have been discriminated against?
Be as detailed as possible.

What outcome are you hoping for to resolve this complaint?

The above information will be used to investigate the allegation of discrimination and we will issue you a formal response within 30 days of receiving the complaint.