

# COUNTY OF



# ALLEGHENY

**SARA INNAMORATO**  
COUNTY EXECUTIVE

## **ACHD Non-Discrimination Complaint Form**

### **Purpose of Complaint Form**

The Allegheny County Health Department (“ACHD”) does not discriminate on the basis of race, color, national origin (including Limited English Proficiency), disability, sex (including sexual orientation and gender identity or expression), age, or religion in the administration of its programs and activities in accordance with applicable laws and regulations. In compliance with 40 C.F.R. Part 7, ACHD shall follow the below established grievance procedure to ensure prompt and fair resolution of complaints alleging violations of Title VI, Section 601 of the 1964 Civil Rights Act, Title IX of the Education Act Amendments of 1972 (“Title IX”), and with the Allegheny County home rule charter, ordinances, and policies as amended. Allegheny County Ordinance No.26-09-OR established a Countywide nondiscrimination requirement in housing, employment, and other contexts, and established a formalized means of resolving disputes based on allegations of such discrimination.

The grievance procedure provides an informal process for filing a timely complaint to the proper authority and describes the process that will be used to investigate and resolve the complaint. However, these procedures do not apply to administrative actions that are being pursued in another forum, i.e. cases before the Court of Common Pleas.

A complaint filed under this policy is not like filing a complaint in court. Rather, the policy provides an opportunity for the complainant to report what they believe is an act violating nondiscrimination statutes. In this process, ACHD is not in an adjudicatory role, evaluating evidence produced by opposing sides, but instead investigates the allegations and reaches a conclusion regarding whether ACHD is in compliance with its civil rights obligations. Please be advised that filing a complaint under this policy does not create a due process right, nor is the outcome of an investigation under this policy a final, appealable decision by ACHD. Filing a complaint under this policy does not create a cause of action or stay any statute of limitations for any claim.

### **Who may file a complaint?**

A complaint may be filed by an individual, or the authorized representative of that individual, who believes that they have been subject to discrimination or retaliation in violation of this policy.



**ALLEGHENY COUNTY HEALTH DEPARTMENT**  
542 FOURTH AVENUE • PITTSBURGH, PA 15219  
PHONE (412) 687-ACHD (2243) • FAX (412) 578-8325  
[WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT](http://WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT)



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### **How to File a Complaint**

The complaint must be in writing and shall be filed within one hundred and eighty (180) calendar days of an alleged violation using the provided Complaint Form. The complaint must describe with specificity the actions that allegedly caused the discrimination that is alleged to have occurred or will occur as the result of such actions. The filing of an informal grievance with ACHD does not satisfy the requirement that a complaint must be filed within 180 calendar days. ACHD may, at its sole discretion and for good cause, accept complaints filed later than 180 days of the alleged discriminatory action.

Complaints may not be filed anonymously and must include the complainant's name and contact information, as well as the signature of the complainant and/or their representative.

Completed complaint forms may be submitted electronically, via fax, or via mail as follows:

**John McGowan, Esq.**  
**Non-Discrimination Policy Coordinator**  
**542 Fourth Avenue**  
**Pittsburgh, PA 15219**  
**Phone: 412-578-8074**  
**Fax: 412-578-8325**  
**Email: [john.mcgowan@alleghenycounty.us](mailto:john.mcgowan@alleghenycounty.us)**

### **Processing a Complaint**

1. Receipt of Complaint. Within ten (10) business days of receipt of the complaint, ACHD's Anti-Discrimination Policy Coordinator ("Coordinator") will review the complaint for administrative completeness and provide to the complainant written notice that: (1) the complaint has been received and deemed administratively complete or (2) the complaint has been received but additional information is needed.

If additional information is needed to complete the complaint form, the written notice will identify the missing information and state the deadline upon which the missing information must be returned to ACHD. Within ten (10) business days of receiving all requested information, the Coordinator will notify the complainant in writing that the complaint has been deemed administratively complete.



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Failure to provide requested additional information may result in ACHD closing the case for failure to submit an administratively complete complaint.

- 2. Preliminary Determination of Jurisdiction and Merit.** The Non-Discrimination Policy Coordinator will consult with the Allegheny County Health Solicitor to determine whether ACHD has (1) the jurisdiction and authority to pursue the matter and (2) whether an investigation is warranted. Within twenty (20) business days of acknowledgment of receipt of an administratively complete complaint, the Coordinator will notify the complainant in writing of its determination as to whether ACHD has jurisdiction or authority to investigate the complaint and whether ACHD will investigate the complaint. A complaint will warrant investigation unless:
- It clearly appears on its face to be frivolous, trivial, or otherwise without merit;
  - Within the time allotted for making the determination of jurisdiction and investigative merit, ACHD voluntarily concedes noncompliance and agrees to take appropriate remedial action or reaches an informal resolution with the complainant;
  - Within the allotted time for making a determination of jurisdiction and investigative merit, the complainant withdraws the complaint; or
  - It is not timely and good cause does not exist for waiving the timing requirement under the policy.

If the complaint is outside of ACHD's jurisdiction, ACHD will notify the complainant of the name and contact information of the correct agency with jurisdiction, if known.

### **Complaint Processing**

Upon acceptance of a complaint as administratively complete, determining that the complaint is within ACHD's jurisdiction and has sufficient merit, the complaint will be promptly and formally investigated. ACHD may solicit additional information from the complainant as needed. If additional information is requested and not received in a reasonable and timely manner, the case may be closed. Within one hundred and twenty (120) days of accepting an administratively complete complaint, ACHD will respond in writing to the complainant with a resolution.



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**Alternative to Filing a Complaint with ACHD**

In lieu of filing a complaint with ACHD, complaints may also be filed in accordance with 40 C.F.R. Part 6 with the U.S. EPA addressed to the Office of Civil Rights U.S.

Environmental Protection Agency:

Office of External Civil Rights

Mail code 2310A

1200 Pennsylvania Avenue, NW Washington, DC 20460

**ACHD Non-Employee Discrimination Complaint Form**

**Complainant Information**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



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Representative Information (if Complainant has a representative)

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Identify the protected classification upon which the alleged violation is based:

- Race/Color (Specify):
- National Origin (Specify):
- Disability (Specify):
- Religion (Specify):
- Sex (Specify):
- Age (Specify):
- Limited English language proficiency (Specify):

On what date(s) did the alleged discrimination take place?

\_\_\_\_\_  
\_\_\_\_\_

Describe the alleged discrimination. Explain what happened and who you believe was responsible. If additional space is needed, attach a separate piece of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and contact information of persons who may have knowledge of the alleged discrimination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

Federal Agency  State Agency  Local Agency  Federal Court  State Court

Please identify the name and contact information of the agency and/or court in which the complaint was also filed:

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Please sign below. You may attach any additional written materials or other information that you believe may be relevant to your complaint.

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Signature of Complainant or Representative

Date

Number of Attachments: \_\_\_\_\_



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