

# **Title VI Plan**

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## **Touchette Regional Hospital**

**Title VI Contact: Bryan Hartwick**

**Title VI Contact Phone: 618-482-7127**

**Title VI Contact Email: [complianceconcerns@touchette.org](mailto:complianceconcerns@touchette.org)**

**Address: 5900 Bond Avenue, Cahokia Heights, IL 62207**

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**Adopted on:** 2/10/2026

**Adopted by:** Touchette Regional Hospital Board of Directors

**Revised on:** 1/22/2026

*This plan is hereby adopted and signed by:*

**Executive /Title:** Chairman

**Executive Signature/Date:** Ruth Jaeg

## Executive Summary

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Touchette Regional Hospital provides community services to the residents of Madison, Monroe, and St. Clair Counties in Illinois. Touchette Regional Hospital receives vehicles funded through the 5310-grant program. Touchette Regional Hospital is the grantee for the 5310 programs. Touchette Regional Hospital receives 5310-program vehicles to administer transit services and meet transit needs for its program participants in the 5310-program service area which is [List Counties] Counties.

## Non-Discrimination Notice to the Public

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### Notifying the Public of Rights Under Title VI and ADA

Touchette Regional Hospital operates its programs and services without regard to race, color, national origin and persons with disabilities in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Touchette Regional Hospital.

For more information on the Touchette Regional Hospital's civil rights program, and the procedures to file a complaint, contact **Bryan Hartwick, HR Director**; at 618-482-7127, email [complianceconcern@touchette.org](mailto:complianceconcern@touchette.org); or visit our administrative office at **5900 Bond Avenue, Cahokia Heights, IL 62207**. For more information, visit [www.touchette.org](http://www.touchette.org)

Complaints may be filed directly with the Illinois Department of Transportation (**IDOT Civil Rights Office**). ATTN: Title VI Program Coordinator 2300 S Dirksen Parkway, Suite 317, Springfield, IL 62764 or with the Federal Transit Administration (**FTA**). ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: **in Touchette Regional Hospital transit vehicles, Main Hospital Lobby outside of the Transportation Managers Office.**

This notice is posted online at [www.touchette.org](http://www.touchette.org)

# Non Discrimination ADA/Title VI Complaint Procedures

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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by Touchette Regional Hospital including consultants, contractors and vendors. Intimidation or retaliation because of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against based on race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted Touchette Regional Hospital will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the Touchette Regional Hospital or submitted to the State or Federal authority for guidance.
- (7) Touchette Regional Hospital will notify the IDOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at (217) 782-2762; or email at [DOT.Complaint@illinois.gov](mailto:DOT.Complaint@illinois.gov).
- (8) Touchette Regional Hospital has 30 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30

business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must also be submitted to IDOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with Touchette Regional Hospital decision may file a complaint with the Illinois Department of Transportation (**IDOT**) or the Federal Transit Administration (**FTA**) offices of Civil Rights: **IDOT**: ATTN ADA/Title VI Program Coordinator 2300 S Dirksen Parkway, Suite 317, Springfield, IL 62764 **FTA**: Attention Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: [www.touchette.org](http://www.touchette.org)

## Discrimination ADA / Title VI Complaint Form

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

Race       Color       National Origin       Disability

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

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**Section VI:**

Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide any reference information regarding your previous complaint.

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**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes       No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_       State Agency: \_\_\_\_\_  
 Federal Court: \_\_\_\_\_       Local Agency: \_\_\_\_\_  
 State Court: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI:**

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

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Signature

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Date

Please submit this form in person at the address below, or mail this form to:

**Touchette Regional Hospital**  
**Bryan Hartwick, HR Director**  
**5900 Bond Avenue, Cahokia Heights, IL 62207**  
**Phone: 618-482-7127**  
**Email- complianceconcern@touchette.org**

A copy of this form can be found online at [www.touchette.org](http://www.touchette.org)

# Title VI Investigations, Complaints, and Lawsuits

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If no investigations, lawsuits, or complaints were filed select the option below.

Touchette Regional Hospital has not had Title VI Discrimination complaints, investigations, or lawsuits in **2025**

Complainant	Date (Month, Day, Year)	Basis of Complaint (Race, Color, National Origin)	Summary of Allegation	Status	Action(s) Taken	Final Findings?
<b>Investigations</b>						
1)						
2)						
<b>Lawsuits</b>						
1)						
2)						
<b>Complaints</b>						
1)						
2)						

## Public Participation Plan

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Touchette Regional Hospital is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, Touchette Regional Hospital made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal to IDOT CRO.

- Posted the Nondiscrimination Public Notices to the following locations:
  - Within transportation vehicles
  - Lobby of agency
- Partnered with other local agencies to advertise services provided

Touchette Regional Hospital will make the following community outreach efforts for the upcoming year:

- Expand the distribution of agency brochures
- Post the Nondiscrimination Public Notices to the following locations:

- Within transportation vehicles
- Lobby of agency
- Partner with other local agencies to advertise services provided.
- Host an information booth at a community event

## Limited English Proficiency Plan

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Touchette Regional Hospital Transportation averaged **Zero (0)** LEP contacts per year in 2025.

The transportation Manager will keep a spread sheet to track any future LEP contacts.

If there is a need for LEP assistance, Touchette Regional Hospital utilizes Interpreter and translation services through a 24 hour/ day language assistance company, Martti Services, which is accessed through a virtual application. The Touchette Regional Hospital transportation department has access to this service to utilize with any LEP need. See attached Language Interpreter Services Policy below:

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**Policy Statement:** The hospital provides language interpreting and translation services, when necessary, at no cost to the patient or family.

**Scope:** Organization Wide

**Procedure:**

**A. Signs labeled INTERPRETER ASSISTANCE are posted throughout the facility and in transportation vehicles.**

- The signs inform patients, visitors and staff that free language assistance and/or sign language assistance is available.
- Signs are posted in the Emergency Department, Patient Access areas, the main entrance to the hospital, outpatient treatment areas, Behavioral Health, Archview Medical Clinic, Belleville Medical Building, Transportation Vehicles, and Outpatient physical therapy locations.

**B. Contact Information for Interpretive Services:**

- 24-hour language assistance services are available virtually; ask the hospital employee you are working with.
- If phone line language assistance is needed, the employee should call (855-630-0620)

**C. Patients with Limited English Proficiency (LEP) and Non-Verbal Patients (NVP)**

- The services of a qualified medical interpreter are offered to patients for use at any time during their treatment 24/7. A refusal of interpreter services may be revoked at any time by the patient or designated support person.
- A picture diagram board is available for non-verbal patients or patients with communication needs.

**D. Procedures for Obtaining Interpreter Assistance for Language Barriers**

- Contact Martti Services on the virtual application
- The interpreter service operator will ask for the following information:
  - Language Needed
  - Access Code
  - Employee name and location
- Once an interpreter is assigned, the interpreters' specific information including name and ID number are documented in the patient record.
- A picture diagram board is available for non-verbal patients or patients with communication needs.

**E. Procedure for Obtaining Sign Language Interpreting Services**

- Contact ASL Interpreter Collaborative (AIC)
  - Email: [AIC@aslterpcollab.org](mailto:AIC@aslterpcollab.org)
  - Phone: 314-833-9914
- AIC is available 24 hours/day for both inpatient and outpatient services
- Staff will provide AIC Interpreters with medically significant information about the patient
  - If AIC service needs are known prior to a medical appointment visit, the service will be scheduled a minimum of 48 hours in advance if possible
  - **NOTE:** When possible, the transportation driver is notified of the need for language interpreter assistance prior to the passenger pickup and accesses the interpreter services available through Martti Services. When the language interpreter service is not communicated to the driver or unknown prior to the passenger pickup, the transportation driver will access the Martti services at the time of pick up or notify the TRH dispatch of AIC needs.

## **Non-elected Committees Membership**

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- ☒ Touchette Regional Hospital does not select the membership of any transit-related committees, planning boards, or advisory councils.

## **Monitoring for Subrecipient Title VI Compliance**

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Touchette Regional Hospital, as a grantee of federal funded vehicle assets from 5310 grant program, does not have sub-recipients to which they would monitor Title VI compliance.