

The Kentucky Cabinet for Health and Family Services has assured the United States Department of Health and Human Services and other Federal agencies that it and its contractors/subcontractors will comply with the provisions of the following laws and regulations for appeals, fair hearings, and presentation of grievances with respect to service programs for children, families, and adults: Title III and Title VII of the Older Americans Act of 1965 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, and Title IV-B, Title IV-E, and Title XX of the Social Security Act as amended, Title VI of the Civil Rights Act of 1964 as amended, and Title VII of the Civil Rights Act of 1991 as amended, and it will not discriminate on the basis of race, color, national origin, sex, age, religion or disability:

1. Deny any individual aid, care, services or other benefits of the Cabinet, either directly or through contractual or other arrangement.
2. Provide any aid, care, services, or other benefits to an individual which is different or is provided in a different manner from that provided to others.
3. Subject an individual to segregation or separate treatment in any manner related to receipt of any aid, care, services or other benefits.
4. Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving aid, care, services, or benefits.
5. Participate in the program through the provision of services or otherwise afford an opportunity to do so which is different from that afforded others.

In addition to the reasons stated above, an individual is entitled to a hearing on any of the following actions:

1. A denial, reduction, modification, suspension, discontinuance, exclusion or termination of a service.
2. Dissatisfaction with a service received, inappropriate or inadequate treatment, placement or visitation.
3. Failure of the Agency to act upon a request for service with reasonable promptness.
4. Failure of the Agency to consider a client's choice

of service, or a determination that the individual must participate in a service program against his/her wishes (except as required by law).

5. Discrimination by Agency staff against a client on the basis of race, color, national origin, sex, age, religion or disability.

The complainant may present the complaint personally or may be assisted by an authorized representative, such as legal counsel, relative, friend, or another spokesperson. Staff of the Agency may assist in preparation of the complaint upon request; however, staff cannot assume responsibility for mailing the form. The complaint shall be filed in writing to the following Agency contact:

Abby Little
Director of Compliance

Notice of Right to a Fair Hearing

Any client who has completed an application to receive services or is receiving services from the Agency has a right to file a formal complaint and receive a fair hearing. In an attempt to resolve the issue, a client must submit a written complaint to the Executive Director of the Agency within thirty (30) calendar after the date of the Agency's alleged act. The Agency shall provide the client a written response to the complaint within thirty (30) calendar days of receipt of the complaint. If extenuating circumstances concerning the client's case prolong review of the complaint, the executive director of the community action agency may grant an extension to the response timeframe.

If a client is dissatisfied with a final written decision rendered by the Agency, the client may request that the commissioner review the complaint and the Agency's response. Such request must be submitted to the commissioner within ten (10) days of the receipt of the Agency's response. Upon completion of the review, the commissioner or designee shall render a written order regarding the complaint within thirty (30) days unless: (a) Extenuating circumstances prolong the review of the complaint; and (b) The commissioner or designee notifies the client of the need for an extension to the timeframe.



LKLP

Community Action

398 Roy Campbell Drive
Hazard, KY 41701
(606) 436-8853

Grievance and Complaint Procedure

In Accordance With
45 CFR 205.10
and
45 CFR 84



*LKLP Community Action Council, Inc. is an
Equal Opportunity Employer and Service Provider*



LKLP
Community
Action

398 Roy Campbell Drive
Hazard, KY 41701
606.436.8853

For Agency Use Only
Indicate Type of Complaint
_____ Service
_____ Discrimination

Name _____
Full Name Phone Number Alternate Phone Number

Physical Address _____
Street or PO Box City State Zip Code

Please state the nature of your complaint in detail. If additional space is needed, please include a separate sheet of paper.

Give the names and addresses of staff you believe discriminated against you or treated you inappropriately. If more than one, please list all names.

_____ Name	_____ Name	_____ Name
_____ Title	_____ Title	_____ Title
_____ Address	_____ Address	_____ Address
_____ City County	_____ City	_____ City County

The actual or most recent date the alleged act occurred: _____
Month/Day/Year Time of Day

Signature of Complainant Date Signed Signature of Authorized Representative, if Appropriate

