

L.K.L.P. Community Action Council, Inc.

Grievance and Complaint Procedures

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 contractor/subcontractors will comply with the provisions of Title III of the Older Americans Act, Section 504, Rehabilitation Act of 1973, as amended, Title IV-B, Title IV-E, Title XX, of the Social Security Act, as amended, for appeals and fair hearings and for presentation of grievances with respect to service programs for children, families and adults, the Civil Rights Act of 1964, and the Civil Rights Act of 1991, and it will not on the basis of race, color, national origin, sex, age, religion or handicap:

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 his 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 him an opportunity to do so which is different from that afforded others.

In addition to the five 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 contract agency to act upon a request for service with reasonable promptness.
4. Failure of the contract agency to take into account a client's choice of service or a determination that the individual must participate in a service program against his wishes (except where required by law).
5. Discrimination by contract agency staff against a client on account of age, sex, race, national origin, handicap or religion.

The complaint shall be filed in writing and agency staff will assist in preparation upon request. The complaint is filed by the complainant to the following Agency contact:

Joe Duke, Executive Director

NOTICE OF RIGHT TO A FAIR HEARING

Any client who has completed an application to receive services or is receiving services from the contract agency has a right to file a complaint and receive a fair hearing. A written complaint shall be filed within 30 days of the alleged act, with the Director of the contract agency.

In cases where the complaint is filed after the thirty (30) day period, a decision as to whether to accept will be made by the Director of the contract agency.

The complainant may present the complaint personally or may be aided by an authorized representative, such as legal counsel, relative, friend, or other spokesman.

Staff of the contract agency will assist in the preparation of the complaint upon request, however, staff are not to assume responsibility for mailing the form.

CIVIL RIGHTS/SERVICES

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If the complainant does not agree with the decision of the Agency, the complainant may appeal the decision to the Cabinet for Health and Family Services, address available upon request.

REQUEST FOR FAIR HEARING

L.K.L.P. COMMUNITY ACTION
COUNCIL

14 LOGAN DRIVE
JEFF, KY 41751
(606) 439-0329

IN ACCORDANCE

WITH

45CFR 205.10
(CIVIL RIGHTS)

AND

45CFR 84

(RIGHTS OF HANDICAPPED)

L.K.L.P. Community Action Council, Inc.
14 Logan Drive Jeff, KY 41751
(606) 439-0329

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

REQUEST FOR HEARING

Name _____
Please Give Full Name

Address _____
County of Residence Telephone Number

_____ City
_____ Street or Box Number
_____ State
_____ Zip Code

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

Give the name(s) and address(es) below of staff you believe discriminated against you or treated you inappropriately. If more than one, list all.

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

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

Signature of Complainant _____
Signature of Authorized Representative, if Appropriate _____