POLICY AND PROCEDURE	
SUBJECT/TITLE	Public Grievance Process
APPLICABILITY	Agency Wide
CONTACT PERSON & DIVISION	Marcy Rein, Administration
ORGINAL DATE ADOPTED	9/21/2026
LATEST EFFECTIVE DATE	9/21/2026
REVIEW FREQUENCY	5 years
BOARD APPROVAL DATE	9/21/2026
REFERENCE NUMBER	2.7

A. PURPOSE

To provide a procedure through which a member of the public may seek resolution of complaints alleging discrimination, unfair, or inappropriate treatment.

B. POLICY

Anyone in the public who feels they experienced discrimination, unfairness, or inappropriate treatment may file a grievance as the procedures describe. A member of the public using this procedure may file a grievance without interference, coercion, discrimination, or reprisal.

C. BACKGROUND

Pursuant to 902 KAR 8:160, Section 12, the Whitley County Health Department shall establish an internal grievance procedure to assure the timely and equitable resolution of a complaint from a member of the public. Misunderstandings or conflicts may arise with members of the public, and the Whitley County Health Department should investigate and resolve them in a timely manner. The procedures outlined below shall bring complaints by members of the public to the attention of supervision, the Director, and/or the Board of Health.

D. PROCEDURES

1. Grievances may be filed (or submitted) and accepted within 60 days following the incident giving rise to the grievance.
2. Discussion of the grievable issue with a member of supervision is encouraged as a first step.
    a. If a member of the public does not wish to speak with a member of supervision or otherwise indicates that the complaint involves a member of supervision, the individual should proceed directly to (3) below.
3. If a discussion with a member of supervision does not resolve the complaint, the complainant may submit a grievance verbally to the Assistant Director or in writing on Form LHP15 (https://www.chfs.ky.gov/_layouts/download.aspx?SourceUrl=https://www.chfs.ky.gov/agencies/dph/dafm/lhpb/dafmtemplates/GrievanceForm.doc).
    a. Staff shall document formal verbal grievances that the complainant wishes to pursue through the use of the Grievance Procedure using Form LHLP15.
    b. People can submit grievances anonymously.

c. Documented complaints shall be provided to the Assistant Director and contain the following information:
    i. The date the alleged discrimination, unfair, or inappropriate treatment occurred.
    ii. The location of the alleged incident.
    iii. Names of all involved persons and any witnesses to the alleged incident.
    iv. A detailed description of the incident constituting discrimination, unfair, or inappropriate treatment.
    v. The name(s) of the staff member taking or receiving the grievance, if the grievance is provided verbally.

4. The Assistant Director shall conduct an investigation and may interview all parties involved.
    a. Interested or affected parties shall be given the opportunity to submit evidence or testimony relevant to the complaint.
5. Within forty-five (45) Calendar days following receipt of the grievance and following a full review of the facts and relevant evidence, the Assistant Director shall provide the complainant with a written summary of the investigation and Assistant Director's resolution.
6. If the complainant is dissatisfied with the Assistant Director's response to the grievance, within thirty (30) Days of receipt of the Assistant Director's response the complainant may submit a Request for Reconsideration to the Director.
    a. In the event the Director is the subject of the Grievance, the Request for Reconsideration shall be submitted to the Board of Health.
    b. In the event the Director/Board of Health does not provide a written response to the Request for Reconsideration, the Assistant Director's response shall be deemed affirmed.
7. Records.
    a. Whitley County Health Department will maintain records relating to all Grievances filed by members of the public.
8. State/Federal Remedies.
    a. All formal grievances regarding discrimination, unfair, or inappropriate treatment alleged by a member of the public shall be processed through the grievance procedures outlined herein, except as set forth below, related to USDA Program Discrimination.
9. Exception.
    a. Grievances related to USDA Program Discrimination: In accordance with 7 C.F.R. 246.8, complaints alleging civil rights discrimination for United States Department of Agriculture (USDA) funded programs, such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), WIC Farmers Market Nutrition Program, and WIC Breastfeeding Peer Program, shall be referred to or filed with the Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; by fax: (833) 256-1665 or (202) 690-7442; or by email: program.intake@usda.gov.
    b. Complaints filed in accordance with this subsection shall be filed within 180 days of the alleged incident.
    c. Only the Secretary of the USDA or the secretary's designee may waive this timeline for cause.

E. CITATIONS AND REFERENCES

902 KAR 8:160, Section 12
7 C.F.R. 246.8

LHP15 Grievance Form:
https://www.chfs.ky.gov/_layouts/download.aspx?SourceUrl=https://www.chfs.ky.gov/agencies/dph/dafm/lhpb/dafmtemplates/GrievanceForm.doc