

APPLICANT'S APPEAL:

- A. Delta Community Action Foundation, Inc., shall establish and maintain an applicant appeals procedure to answer equal access to services and resources available under programs funded by the Oklahoma Department of Commerce/Division of Community Affairs and Development.
- B. **PROCEDURES:**
1. The notice of right to appeal shall appear on all application forms used to determine eligibility for services where funds are received from the Oklahoma Department of Commerce.
 2. The Executive Director of Delta Community Action Foundation, Inc., shall initiate an appeals procedure upon request by an applicant within ten (10) days after request.
 3. After all local appeals have been exhausted, the applicant may appeal the decision of Delta Community Action Foundation, Inc. to the Oklahoma Department of Commerce. In such cases, Delta Community Action Foundation, Inc. will provide Oklahoma Department of Commerce with all relevant information.
 4. The applicant appeals procedure shall:
 - a. Have the right to file formal application for service upon request;
 - b. Be afforded an opportunity to have private and confidential interviews pertaining to the case;
 - c. Will not be denied assistance on the basis of race, color, gender, creed, religion, age, political preference or physical affliction;
 - d. Receive timely approval or disapproval of the action;
 - e. Receive written notification or appeal procedures "including notice that":
 - (i.) All aggrieved parties shall be afforded a reasonable opportunity for a fair hearing;
 - (ii.) The applicant or the representative of the applicant shall have access to records relevant to the appeal process;
 - (iii.) The applicant shall have the right to a timely determination and prompt notice of hearing decisions.



DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2nd Street
Lindsay, OK 73052
Tel: (405) 756-1100 Fax: (405) 756-1104

*Karen Nichols
Executive Director*

**APPLICANT/CLIENT
COMPLAINT/GRIEVANCE REPORT**

Oral _____ Written _____

Date: _____

Complainant's Name: _____

Address: _____

Telephone: _____

Name and Location of Recipient Agency:

Nature of Complaint or Incident:

Date(s)
Occurred: _____

Additional Comments:

