

Utah Community Action

1307 South 900 West Salt Lake City, Utah 84104 (801) 977-1122 | utahca.org

Community Complaint Procedure

This document outlines the proper procedure for an individual and/or group to proceed if dissatisfied with any services operated through Utah Community Action (UCA). It is our hope that concerns can be addressed in a timely manner and to the satisfaction of all involved.

It is our expectation that upon entering a UCA facility you have been treated with dignity and impartiality. You have the right to apply for UCA services without the fear of being denied based on the following protected statuses: race, color, sexual orientation, religion, national origin, age, gender identity, source of income, familial status and/or disability.

If you believe your rights have been violated and/or you are dissatisfied with our services please follow the below noted steps;

- 1. Request to speak with the program supervisor responsible for the services you seek. Speaking with a supervisor may help clarify program guidelines, staff expectations, and eventually eliminate the need to proceed further.
- 2. If you are not satisfied with the outcome, you can request an appeal in writing. Submitting an appeal on the basis of program eligibility will not be accepted. Clients can file an appeal at any time. A meeting will be scheduled to discuss the appeal within 30 calendar days of receipt of the written request.

You may choose to represent yourself or be represented by a lawyer or other person at your own expense. You may also contact a local legal service or community agency to seek advice and/or representation you at no cost. To get information about legal services or community agencies, call the Information and Referral line 2-1-1. You and/or your representative can review your request prior to the hearing. To do this, please contact the Chief Operations Officer of Social Services at 801-977-1122.

If you do not understand English and/or are hearing or sight impaired, UCA will provide an interpreter and/or assistive device for you upon your request. If you are deaf, hard of hearing or experience speech challenges you can call Relay 7-1-1 for assistance.

UCA reserves the right to deny services to anyone who is acting in a manner that is illegal, dangerous, threatening to the health and safety of others, or is disruptive to the staff's ability to carry out their employment functions.



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Fair Hearing Request

Name of Applicant:	
Phone:	Email:
SECTION II: Reason for App	neal
	while trying to access the following services;
o Heat Assistance	ning a fing to decess and renorming our vices,
o Food Assistance	
o Housing Assistance	
o Head Start Assistance	
o Adult Education Assistance	
o Weatherization Assistance	
SECTION III: Appeal Informa o I need an interpreter or assist	ation ive device to be provided by UCA
(Describe the assistive device yo	ou need. For example: American Sign Language):
SECTION IV: Appeal Represe	· · · · · · · · · · · · · · · · · · ·
Title:	
Address:	
Phone:	Email:
Applicant Signature	
<u>-</u>	
*Please include page 2 with you The attention of the Chief Opera 1307 S 900 W Salt Lake City, UT	

OR you can complete the process through our website at ${\bf utahca.org}$