KENTUCKY MULTIDISCIPLINARY COMMISSION ON CHILD SEXUAL ABUSE

COMPLAINT PROCESS AND REVIEW

KRS 431.660 lists the duties and powers of the Commission. This includes the duty and power to receive and review complaints regarding local multidisciplinary teams, and make appropriate recommendations. ¹

The procedure for handling a complaint received by the Commission may be handled by informal inquiry or, if necessary, by formal complaint process.

INFORMAL INQUIRY PROCESS

A local team member may initiate contact with the Commission through an individual Commission member orally or by letter to the Commission. The following will occur:

1) Commission member or staff will review the inquiry to ascertain whether it regards local multidisciplinary teams;

2) If the inquiry does not regard local multidisciplinary teams, Commission member/staff will inform the inquirer that the Commission is unable to accept the inquiry and make appropriate referrals to other agencies.

3) If the inquiry does regard local multidisciplinary teams, Commission member/staff will contact the inquirer by phone to gather more information, if necessary, and will explain the inquiry procedure to the inquirer;

4) Inquiries regarding the attendance, functioning, or performance of the multidisciplinary team or regarding a specific agency representative will be referred as follows:

a. Social services representative— If the inquiry involves the Cabinet for Health and Family Services ("CHFS"), the Commission representative from the CHFS will make contact with the inquirer if more information is needed and, if necessary, refer the matter to the appropriate agency personnel. The CHFS representative will report to the Commission as to the progress of resolving the inquiry. The CHFS representative will inform the inquirer of the process.

b. Law Enforcement representative - If the inquiry involves Kentucky State Police (KSP) or local law enforcement, the law enforcement representative on the Commission will make contact with the inquirer if more information is

¹ See KRS 431.660(g).
needed and, if necessary, refer the matter to the appropriate agency personnel. The law enforcement representative will report to the Commission as to the progress of resolving the inquiry. The law enforcement representative will inform the inquirer of the process.

c. **Prosecuting attorney** – If the inquiry involves a prosecuting attorney, the Commonwealth’s attorney member will make contact with the inquirer if more information is needed and contact the local prosecutor named in the inquiry to attempt to resolve the matter informally. The Commonwealth’s attorney member will report to the Commission as to the progress of resolving the inquiry. The Commonwealth’s attorney will inform the inquirer of the process.

d. **Therapist or mental health representative** - The Commission representative from the Department for Behavioral Health, Developmental and Intellectual Disabilities will make contact with the inquirer if more information is needed and contact the local therapist or mental health representative to attempt to resolve the matter informally. The DBHIDID representative will report to the Commission as to the progress of resolving the inquiry. The DBHIDID representative or therapist member will inform the inquirer of the process.

e. **Education representative** - The Commission representative from the Department of Education will make contact with the inquirer if more information is needed and contact the local education representative to attempt to resolve the matter informally. The education representative will report to the Commission as to the progress of resolving the inquiry. The Education representative will inform the inquirer of the process.

f. **Children’s Advocacy Center representative** - The Commission representative from an advocacy center will make contact with the inquirer if more information is needed and contact the local CAC representative to attempt to resolve the matter informally. The CAC representative will report to the Commission as to the progress of resolving the inquiry. The CAC representative will inform the inquirer of the process.

g. **Physician** - The physician representative on the Commission will make contact with the inquirer if more information is needed and contact the local physician to attempt to resolve the matter informally. The physician representative will report to the Commission as to the progress of resolving the inquiry. The physician member will inform the inquirer of the process.

5) In the event that the specified representative is unavailable or the position is vacant an informal inquiry may be handled by any available member with the consent of the Commission.
6) The subject of the inquiry will not receive a copy of the correspondence during the informal review process.2

If the Commission member is successful in resolving the local team member’s concern, the inquiry and resolution shall be recorded and kept in the Commission’s files. If there is not a successful resolution, the Commission member handling the inquiry shall advise the inquirer of the option to proceed with a formal complaint and refer the inquirer to Commission staff for further assistance.

**FORMAL COMPLAINT PROCESS**

After the representative conducting the informal inquiry has informed the Commission that the inquiry has not resolved the complaint, the formal complaint process may be initiated.

Commission staff shall inform the complainant of the formal complaint process and provide to a complaint form. The form, once completed, should be returned to the Office of the Attorney General, Office of Child Abuse and Exploitation Prevention.

Upon receipt of the completed form, the complaint will be considered at the next Commission meeting. The Commission will:

1) Review the complaint to determine whether the complaint falls within the statutory duties of the Commission;

2) Determine if the complaint does or does not regard local multidisciplinary teams.
   - If the complaint does not regard local multidisciplinary teams, Commission staff will inform the complainant that the Commission is unable to accept the complaint and make appropriate referrals to other agencies.
   - If the complaint does regard local multidisciplinary teams, Commission staff will send an acknowledgement of receipt of complaint, a copy of the completed complaint form and notice of the decision to accept the complaint to the complainant and the subject of the complaint within five days of the Commission meeting;

3) Provide a copy of the Response to Formal Complaint Form to the subject of the complaint and request a response no later than 7 days prior to the next scheduled Commission meeting;

4) Select a member or staff to gather additional relevant information to assist in analyzing and resolving the complaint;

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2 Note that written communications, including emails, may be subject to disclosure by request under the Kentucky Open Records Act.
5) Receive and review, at the subsequent Commission meeting, all relevant information gathered during the complaint process, including any written or oral information provided by the member/staff to which the complaint was referred;

6) Give notice to both the complainant and the subject of the complaint of their right to attend the meeting at which the complaint is presented and discussed.

After reviewing all information presented to it, the Commission shall:

- Contact, as needed, other agencies, organizations or individuals to gather additional relevant information regarding the complaint.
- Make recommendations regarding the complaint and communicate the recommendations to the complainant, the subject of the complaint and the local multidisciplinary team.

Recommendations shall be communicated to the complainant, the subject of the complaint and local team within 14 days of approval by the Commission. The local team shall be asked to respond, in writing, within a prescribed time period acknowledging receipt of the recommendations and informing the Commission of the success/failure of the recommendations.

*Documentation:*
The Commission shall document, on forms approved by the Commission for this purpose: receipt of all complaints; all completed complaint forms and responses; all persons or agencies contacted in the course of reviewing the formal complaint; all recommendations developed; and the responses of the local team, the complainant, and the subject of the complaint to the recommendations of the Commission. These documents shall be kept in the Commission files along with any additional written correspondence related to the case.

*Forms attached:*
- Informal Inquiry Resolution Form
- Complaint Form
- Formal Complaint Response Form
- Contact/Supplemental Contact Form
- Commission Recommendations Form
- Response to Recommendations Form
Informal Inquiry Resolution Form

Inquiry/Complaint No. __________

Individual making inquiry: ____________________________________________

Contact information: ________________________________________________

Team: _____________________________________________________________

Inquiry details:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Resolved: □ YES □ NO Date: __________________________

Information provided regarding filing of formal complaint:

□ YES □ NO Date: __________________________

Commission member/staff reviewing inquiry: __________________________
Formal Complaint Form

Inquiry/Complaint No. ________

Complainant name: ____________________________________________

Title: ________________________________________________________

Address: _____________________________________________________

Telephone: ____________________________________________________

Email: _________________________________________________________

Team: _________________________________________________________

Date complaint received: _______________________________________

Details of complaint:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Please attach any documentation or supportive materials you would like the Commission to consider. Please indicate whether you would like to have a Commission representative come to your area to train or facilitate your team in an attempt to resolve the matter.

______Request contact by Commission representative

Commission member/staff reviewing complaint: ____________________________  (name)

Please return completed Complaint Form to Office of the Attorney General, Office Child Abuse and Exploitation Prevention, attn. Laken Albrink, 1024 Capital Center Drive, Frankfort, KY 40601, or FAX to 502 573 1009 or e-mail Laken.Albrink@ky.gov.
Formal Complaint Response Form

Inquiry / Complaint No. ____________

Name: __________________________________________

Title: __________________________________________

Address: _________________________________________

Telephone: _______________________________________

Email: __________________________________________

Team: __________________________________________

Copy of complaint provided to subject of complaint: ______________________ (date)

Response requested by: ________________________ (date)

Response received: ________________________ (date)

Response: _______________________________________

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(Additional pages may be attached as needed)

Please attach any documentation or supportive materials you would like the Commission to consider. In addition to your response, please indicate whether you would like to have a Commission representative come to your area to train or facilitate your team in an attempt to resolve the matter.

_____ Request contact by Commission representative

Commission member/staff reviewing complaint: _________________________________

(name)

Please return completed Complaint Form to Office of the Attorney General, Office of Child Abuse and Exploitation Prevention, attn. Laken Albrink, 1024 Capital Center Drive, Frankfort, KY 40601, or FAX to 502 573 1009 or e-mail Laken.Albrink@ky.gov.
Commission Recommendation Form

Inquiry/Complaint No. _______________  Team: _______________________

Initial complaint description:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Recommendations:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.
Additional information/explanation:

- Recommendations approved by Commission: ___________ (date)
- Recommendations sent to:
  □ team ___________ (date)
  □ complainant ___________ (date)
  □ subject of complaint: ___________ (date)
- Response requested by: ___________ (date)
KENTUCKY MULTIDISCIPLINARY COMMISSION ON CHILD SEXUAL ABUSE

RESPONSE TO COMMISSION RECOMMENDATIONS

Inquiry/Complaint No. ___________________ Team: _____________________

Response of:  □ MDT       □ Complainant       □ Subject of Complaint

Response:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Additional pages may be added as needed)

Date received by OAG/Commission: _____________________

Please return completed Complaint Form to Office of the Attorney General, Office of Child Abuse and Exploitation Prevention, attn. Laken Albrink, 1024 Capital Center Drive, Frankfort, KY 40601, or FAX to 502 573 1009 or e-mail Laken.Albrink@ky.gov.