



**CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET, 3E-A
FRANKFORT, KY 40621
(502) 564-6852 Phone (502) 564-3096 Fax
DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF PROTECTION AND PERMANENCY
AN EQUAL OPPORTUNITY EMPLOYER**

DPP-152A
Letter
(Rev. 7/05)

Child Protective Service (CPS) Unsubstantiated Investigation Notification

Local Office Address: _____

Date: _____

Name and Address of: (Alleged perpetrator, Parent or Caretaker, Facility Director, Alleged Victim (if appropriate)).

Dear _____,

On _____, the Cabinet for Health and Family Services, Department for Community Based Services received a report of suspected child abuse or neglect as defined in Kentucky Revised Statute (KRS) 600.020(1) regarding a child in your care. Based upon the information received through the investigation of this report the allegations have been found to be unsubstantiated.

If you have any questions or concerns regarding this letter or the investigation, please call me at _____ (Staff telephone number).

You have the right to file a Service Complaint if you feel that you have not been treated fairly during the investigation. To file a Service Complaint submit your grievance in writing, **postmarked within thirty (30) calendar days of receipt of this letter** to the attention of the Service Region Administrator at your local Department for Community Based Services office. You may also contact the Office of the Ombudsman at 1(800) 372-2973.

Sincerely,

_____ (Staff Name)
_____ (Title)

