



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR COMMUNITY BASED SERVICES**

**DPP-247  
(07/14)**

**ADULT PROTECTIVE SERVICES UNSUBSTANTIATED INVESTIGATION NOTIFICATION for EMPLOYEES OR VOLUNTEERS OF AN  
ADULT CARE PROVIDER OR ANYONE ACTING IN A CAREGIVING ROLE WITH AN EXPECTATION OF COMPENSATION**

Local Office Address:

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of alleged perpetrator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_,

On \_\_\_\_\_, the Cabinet for Health and Family Services, Department for Community Based Services received a report of suspected adult abuse, neglect or exploitation as defined in Kentucky Revised Statute (KRS) KRS 209.020 regarding a vulnerable adult 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)