



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

DPP-152A
CHILD PROTECTIVE SERVICES (CPS) UNSUBSTANTIATED INVESTIGATION
NOTIFICATION LETTER

Local Office Address:

Date:

TWIST No.:

Recipients Address:

Dear _____,

On _____, the Cabinet for Health and Family Services (CHFS/Cabinet), Department for Community Based Services (DCBS) received a report of suspected child abuse or neglect as defined in Kentucky Revised Statute (KRS) 600.020(1) regarding a child(ren) 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 contact me. You can reach me by phone or email utilizing the contact information below.

Phone number:

Email address:

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 DCBS office. You may also contact the Office of the Ombudsman at 1(800) 372-2973.

Sincerely,

Staff Name:

Title: