

LEGAL AID OF NORTH CAROLINA, INC. (LANC)

Instructions on How an Applicant May Complain about the Denial of Services

NOTE: TO PROCEED UNDER THIS POLICY, YOU WILL BE REQUIRED TO SIGN A WAIVER OF CONFIDENTIALITY STATEMENT. THE WAIVER MEANS THAT YOU ARE GIVING UP YOUR RIGHT TO KEEP THE INFORMATION THAT YOU GAVE TO LANC CONFIDENTIAL.

- 1. If you have been denied legal assistance** because you are not financially eligible, the assistance requested is not allowed by the Legal Services Corporation or the assistance requested is not a priority for LANC, you may ask LANC to review the denial. You should tell the staff person that you want to file a complaint or appeal of the denial. If you are not happy with the staff person's response, ask to speak with the Senior Managing Attorney.
2. The Senior Managing Attorney will explain the procedures for appealing the denial of services. You may present your complaint/appeal orally to the Senior Managing Attorney or you may complete a written form entitled Applicant Appeal of Denial of Assistance. The Senior Managing Attorney can help you fill out a written appeal form, if necessary. The Senior Managing Attorney will speak with you about your appeal, review your file and speak with other staff persons. The Senior Managing Attorney will make a decision about your complaint/appeal.
3. If you are not satisfied with the Senior Managing Attorney's decision, then you may appeal to the LANC Executive Director within fifteen (15) calendar days after you are told the decision. If the fifteenth calendar falls on a holiday, Saturday or Sunday, then your last day to take action will be the next weekday. For example, if a holiday falls on a Tuesday, then your last day to appeal is Wednesday. If the fifteenth day falls on a Saturday or Sunday, then your last day to appeal is Monday. You will need to file the Appeal of Decision form. The Senior Managing Attorney can help you fill out the appeal form, if necessary. The Executive Director will speak with you and then send you a written decision in a timely manner.
4. If you are not satisfied with the Executive Director's decision, then you have fifteen (15) calendar days from the date of the decision to appeal that decision to the Chair of the Client Grievance Committee of the LANC Board of Directors. If the fifteenth calendar falls on a holiday, Saturday or Sunday, then your last day to take action will be the next weekday. For example, if a holiday falls on a Tuesday, then your last day to appeal is Wednesday. If the fifteenth day falls on a Saturday or Sunday, then your last day to appeal is Monday. You will need to fill out the Appeal of Decision form. The Executive Director can help you fill out the appeal form, if necessary. The Chair will then decide whether it is practical to review the Executive Director's decision. In the opinion of the Chair, if a review of the decision is not practical, then the Executive Director's decision will be final and cannot be appealed to the full LANC Board.
5. If the Chair finds that it is practical to review the Executive Director's decision, then the Chair will review the decision by either speaking with you or reviewing your file. The Chair will send you a written decision within five (5) business days after receiving the appeal. The Chair's decision is final and cannot be appealed to the full LANC Board.



LEGAL AID OF NORTH CAROLINA, INC.

YOU MUST SIGN WAIVER OF CONFIDENTIALITY TO HAVE COMPLAINT CONSIDERED

Waiver of Confidentiality

I understand the information that I have furnished to LANC is treated as confidential information to the extent required by the Rules of Professional Conduct of the State Bar of North Carolina. By filing this grievance, I request that the materials related to my complaint be reviewed by the appropriate individuals designated in the LANC Complaint Procedure, and waive privilege and confidentiality as to those persons only.

Signature

IF YOU NEED HELP FILLING OUT THIS FORM, CONTACT YOUR LOCAL LEGAL AID OFFICE

Applicant Appeal of Denial of Assistance

I, _____ am dissatisfied with the manner or quality of the
(Print Name)
assistance that I have received because _____

(Use back of sheet or additional pages if more space is needed.)

I want LANC to take care of my complaint by doing the following: _____

I want LANC to do this no later than: _____ because: _____
(Date)

Signature

Today's Date

Address: _____

Telephone Number: _____

Mail Completed Form to:

Executive Director
Legal Aid of North Carolina, Inc.
Post Office Box 26087
Raleigh, North Carolina 27611

