SAWNEE ELECTRIC MEMBERSHIP CORPORATION

POLICY NO. 421

SUBJECT: LIMITED ENGLISH PROFICIENCY PROGRAM

I. OBJECTIVE

A. To ensure effective communication with Limited English Proficient (“LEP”) individuals within the eligible service population of Sawnee Electric Membership Corporation (“Cooperative”), and to ensure access by LEP individuals to essential services and benefits provided by the Cooperative.

B. To define the process such that an LEP individual may file a formal complaint with the staff of the Cooperative.

C. To provide the staff of the Cooperative with a systematic approach to receive, process and respond to LEP complaints filed with the Cooperative by or on behalf of LEP individuals.

D. To communicate and memorialize the standard of care required when addressing LEP complaints received by the Cooperative.

II. CONTENT

A. General

1. The staff of the Cooperative have proposed herein and the Board of Directors (“Board”) have approved a formal process to receive, process and respond to bona fide LEP complaints filed with the Cooperative.

2. The Vice President of Office Services (V.P.), or his/her designee, shall be considered the LEP Compliance Officer.

B. Requirements

1. Any individual who believes that the Cooperative has discriminated against them, or against a class or persons, in violation of the Cooperative’s LEP Program, may file a complaint with the Cooperative within 180 days after the date of the alleged discriminatory event. Failure to file a LEP complaint within 180 days of the alleged event may lead to dismissal of the complaint.

2. Once a LEP complaint has been received by the staff of the Cooperative, such LEP complaint shall be forwarded to the LEP Compliance Officer, or his/her designee, to be processed as outlined herein.
3. The LEP individual filing the complaint should, at a minimum, provide the following information for a complaint to be considered valid:
   a. The name, address, telephone number, and signature of person filing the LEP complaint;
   b. Facts and circumstances surrounding the LEP complaint, including the date of the allegation, and the legal basis of the LEP complaint (i.e., race, color, national origin, or LEP status);
   c. Any names and contact information of persons, if known, whom the LEP Compliance Officer could contact for additional information to support and/or clarify the allegations of the LEP complaint; and
   d. Corrective actions or remedies that the LEP complainant wishes to see provided.

4. The Cooperative shall make a LEP Complaint form (attached as “Exhibit A”) available upon request to individuals seeking to file a complaint based on the Cooperative’s LEP program. This Complaint form outlines the specific information sought by the Cooperative in conducting any investigation into LEP complaints and shall be used by Cooperative employees in memorializing any verbal complaints based on the LEP Program. The Cooperative will provide translated versions of the LEP Complaint form, as required by law and census data, relative to the Cooperative’s eligible service population.

5. Failure to utilize the Cooperative’s LEP Complaint form will not prevent a complaint from being processed; however, the failure to provide the information outlined above will result in the LEP complaint being considered invalid and returned to the complainant (if possible) for completion. The staff will not take any action until the minimum information, as provided herein, is provided by the complainant.

6. In all cases, the LEP Compliance Officer or his/her designee, shall respond to all valid and completed LEP Complaints received as outlined below:
   a. With an initial assessment within ten (10) business days of receipt of a valid LEP complaint.
   b. With the Cooperative’s final assessment and proposed action, if any, within sixty (60) days of receipt of a valid LEP complaint.
C. Reporting

1. A log of all LEP Complaints received by the Cooperative and provided to the LEP Compliance Officer shall be maintained by the LEP Compliance Officer, or his/her designee, to serve as documentation of the nature of and final resolution of an LEP complaint.

2. No less than annually, the LEP Compliance Officer, or his/her designee, shall make a written report to the Office of the President and Chief Executive Officer (CEO) as to the effectiveness of the Cooperative’s LEP program and the nature and resolution of all valid LEP complaints received since his/her last report.

3. By approving this policy, the Board is also approving the Cooperative’s supporting LEP Plan.

4. The staff will review the Cooperative’s LEP Plan no less than every two (2) years to determine if any additional action is needed or warranted and where such action is needed, the staff will advise the Board accordingly.

III. RESPONSIBILITY

It shall be the responsibility of the President and Chief Executive Officer to administer this policy, to develop appropriate controls for its overall enforcement and to report his findings to the Board of Directors.

ADOPTED: 11/17/16 EFFECTIVE: 11/17/16
REVISED: 05/16/19 05/17/19
SAWNEE ELECTRIC MEMBERSHIP CORP.
LIMITED ENGLISH PROFICIENCY (LEP) COMPLAINT FORM
(EXHIBIT “A”)

Contact Information:

Name __________________________________________
Address ________________________________________
City ________________________ State ____________
Zip ___________
Telephone: ______________________________________
Email: __________________________________________

Complaint:
Facts and circumstances surrounding the complaint, including the date of the allegation, and the legal basis of the complaint (i.e., race, color, national origin, or LEP status):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Any names of persons, if known, whom the Cooperative could contact for additional information to support or clarify the allegations, and contact information for those persons:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Corrective action or remedy requested:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant’s Signature __________________________________________ Date ______________

If the form is to be mailed, please send to the following address:

Sawnee EMC
LEP Compliance Officer
543 Atlanta Rd.
Cumming, GA 30040