



## LIMITED ENGLISH PROFICIENCY (LEP) LANGUAGE ACCESS PLAN (LAP)

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**Policy Adopted: 04/22/2019**

**Policy: 456**

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### I. POLICY

**Purpose:** To eliminate Limited English Proficiency (LEP) language barriers for persons and GreyStone Power Corporation members within the eligible service population who do not speak English as a primary language and have a limited ability to read, speak, write or understand English so they can conduct business effectively with GreyStone.

**Objective:** To establish a Limited English Proficiency Language Access Plan (LAP) in accordance with Title VI of the Civil Rights Act of 1964 and Executive Order 13166, while creating an internal complaint process for LEP Persons.

**Content:**

- A. **LEP Compliance Officer:** The Department Manager of Human Resources shall be considered the LEP Compliance Officer.
- B. **Requirements:**
  - 1. Any individual who believes that GreyStone has discriminated against them or against a class or person, in violation of GreyStone's LEP Program, may file a complaint with GreyStone within 180 days after the date of the alleged discrimination. Failure to file a LEP complaint within 180 days may result in the claim not being considered.
  - 2. Once a LEP complaint has been received by the staff of GreyStone, 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:
    - i. The name, address, telephone number, and signature of person filing the LEP complaint;
    - ii. Facts and circumstances surrounding the LEP complaint, including the date of the allegation, and the legal basis of the LEP complaint.
    - iii. Any names and contract information of person, if known, whom the LEP Compliance officer could contact for additional information to support or clarify the allegations; and

- iv. Corrective actions or remedies that the LEP complainant wishes to see provided.
4. Upon request, GreyStone shall make available an LEP Complaint form (attached as Exhibit A to this policy) to individuals seeking to file a LEP complaint based on the Cooperative's LEP program. This Complaint form outlines the specific information sought by GreyStone in conducting any investigation into LEP complaints, and shall be used by GreyStone employees in memorializing any oral complaints based on the LEP program. The Cooperative will provide a translated version of the Complaint form, as required by law and census data, relative to the GreyStone's eligible service population.
5. Failure to utilize the 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 is provided.
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:
  - i. With an initial assessment within ten (10) business days of receipt of a valid LEP Complaint.
  - ii. With GreyStone'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 Greystone 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 the LEP complaint.
2. On an annual basis, the LEP Compliance Officer, or his/her designee, shall make a written report to the President/Chief Executive Officer as to the effectiveness of the 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 Greystone's supporting LEP Plan.
4. GreyStone staff will review, assess, and update the LEP Plan at least every four years, or as needed to determine if any additional action is needed or warranted; and, where such action is needed, the staff will advise the Board accordingly.

D. **Training:**

1. The LEP Compliance Officer will be responsible for coordinating employee training on the LEP Plan, Board Policy, and Complaint Procedure.
2. All new employees will receive LEP training, and all current employees will receive training at least every two years, or earlier if there is an update to the LEP Plan, Board Policy, or Complaint Procedure.

## II. RESPONSIBILITY

- A. The President/CEO shall be responsible for administration of this policy. He/She shall issue such procedural regulations as may be required to effectively administer this policy and shall be responsible for formulating and recommending such changes in policy content on the administration of the policy through submission of adequate reports.
- B. The Board of Directors is responsible for reviewing and making necessary changes to this policy as may be recommended or as required by changing circumstances. They will require such reports as may be necessary to keep them informed on the administration of this policy.

Attest: \_\_\_\_\_  
David Hagenow, Secretary

**GREYSTONE POWER CORPORATION  
LIMITED ENGLISH PROFICIENCY (LEP) COMPLAINT FORM  
(EXHIBIT "A")**

**Contact Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

**(Internal Use)**

Date Received:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Method Received:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Verbal Complaint?    Y    N

Name of Employee Completing Form  
on Behalf of Complainant:  
\_\_\_\_\_

**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 that support your complaint.

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

GreyStone Power Corporation  
LEP Compliance Officer  
P.O. Box 897  
Douglasville, GA 30133