



GRIEVANCE POLICY

Filing a Grievance

Clients or their representatives may file a grievance in one of the following ways:

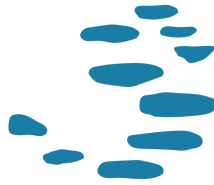
- **Email:** Send a detailed description of the grievance to nicolette@stepstoneconnect.org.
- **Phone:** Call 866-518-2985 and request to speak with the Chief Compliance Officer.
- **Secure Messaging:** Submit a complaint via the KIPU portal.
- **Mail:** Use below form to file a written complaint. Please mail to Stepstone Connect 190 W 100 S Ste B Bountiful, UT 84010
- **Verbal Complaint:** Express concerns directly to the Chief Compliance Officer, who will document the complaint and escalate it accordingly.

Grievance Review Process

1. **Acknowledgment:** The Chief Compliance Officer will acknowledge receipt of the grievance within **5 business days**.
2. **Investigation:** The grievance will be reviewed by Administration, which may include clinical, administrative, and compliance personnel. Additional information may be requested from the complainant.
3. **Resolution:** A written response will be provided within **30 days**, outlining findings and any corrective actions taken.
4. **Appeal Process:** If the client is unsatisfied with the resolution, they may appeal within **10 business days**. The appeal will be reviewed by senior leadership, with a final decision issued within **15 business days**.

Protection Against Retaliation

Clients who file a grievance will not face retaliation, discrimination, or barriers to continued care. All grievances are handled confidentially and in accordance with HIPAA regulations.



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CLIENT GRIEVANCE FORM

NAME _____ DATE OF GRIEVANCE _____

GRIEVANCE FORM INITIATED BY: _____

DESCRIBE GRIEVANCE (USE ADDITIONAL PAGES IF NEEDED):

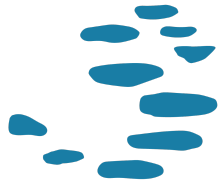
Client's SIGNATURE (not required for action) _____

Client's MAILING ADDRESS IF DISCHARGED

GRIEVANCE RECEIVED BY: _____ DATE: _____

GRIEVANCE FORM FORWARDED TO CCO MANAGER: DATE _____

*****FOR STAFF USE ONLY BELOW THIS LINE*****



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GRIEVANCE RESPONSE:

DATE RECEIVED BY GRIEVANCE COMMITTEE: _____

DESCRIBE ACTION TAKEN (USE ADDITIONAL PAGES IF NEEDED):

CCO PROVIDING WRITTEN RESPONSE AS PER GRIEVANCE COMMITTEE DIRECTION:

NAME : _____ SIGNATURE: _____

DATE RESPONSE PROVIDED: _____



PLEASE NOTE: If the patient or their representative who filed the above grievance is not satisfied with its resolution, they may submit a written appeal to the state survey agency in the state where they received care. We will provide the agency's contact information, including the address and telephone number.

Additionally, if a client believes their grievance has not been adequately addressed, they have the right to escalate their concerns to The Joint Commission, the accrediting body responsible for overseeing healthcare quality and safety. Clients may contact The Joint Commission through:

Online: www.jointcommission.org → "Report a Patient Safety Event"

Phone: 1-800-994-6610

Mail: Office of Quality and Patient Safety, The Joint Commission, 1 Renaissance Boulevard, Oakbrook Terrace,

Stepstone Connect employee acknowledges receipt of this document in the event a grievance needs to be filed by a client.