STEPPING STONE
KIDS THERAPY

FORMAL COMPLAINT, GRIEVANCE & COMPLIANCE CONCERN FORM

FORM NUMBER	OWNER	EFFECTIVE DATE	VERSION
COMP-FRM-001	Compliance / Human Resources	August 2026	1.0

Purpose

This form may be used to report a workplace complaint or grievance, suspected fraud, waste or abuse, billing or documentation concern, client safety or welfare concern, confidentiality concern, conflict of interest, harassment or discrimination, or other suspected violation of Company policy, law, regulation, payer requirement, or professional standard.

You are not required to have all of the information requested on this form in order to submit a report. Please provide as much information as is known or available to you. Supporting documentation may be submitted with the report or provided later if it becomes available.

Stepping Stone Kids Therapy will review concerns and maintain confidentiality to the extent reasonably possible and consistent with the need to appropriately investigate and respond to the matter.

Stepping Stone Kids Therapy prohibits retaliation against any individual who makes a good-faith report, raises a compliance concern, or participates in an investigation or compliance review.

1. Reporting Preference

How would you like to submit this report?

☐ Identified Report – I am providing my identifying information.

☐ Confidential Report – I am providing my identifying information to Human Resources/Compliance but request that my identity be maintained as confidential to the extent reasonably possible.

☐ Anonymous Report – I do not wish to provide my name or identifying information.

If you are providing your information:

Name: _____

Job Title/Role: _____

Department/Location: _____

Phone: _____

Email: _____

Individuals submitting an anonymous report are not required to complete the identifying information above.

2. Anonymous Report Password / Code Word

This section applies only if you selected Anonymous Report in Section 1. All reporters, including anonymous reporters, identify the concern(s) being reported in Section 3 (Nature of Concern) below.

If you are submitting anonymously and would like to communicate with Human Resources or Compliance regarding your report without providing your identity, create a unique password or code word below.

Password/Code Word: _____

Please retain this password/code word for your records. When following up regarding an anonymous report, you may be asked to provide the password/code word so Human Resources/Compliance can associate your communication with the appropriate report.

Do not use your name, date of birth, employee ID, password used for any Company system, or other personally identifying information as your password/code word.

The password/code word is used only to associate follow-up communications with the appropriate anonymous report. It does not verify the reporter's identity or authorize the disclosure of confidential personnel, investigation, client, protected health information, or other information that Stepping Stone Kids Therapy is otherwise prohibited or restricted from disclosing.

3. Nature of Concern

Complete this section regardless of how you are submitting the report.

Please check all that apply:

- ☐ Workplace Complaint/Grievance
- ☐ Discrimination
- ☐ Fraud, Waste or Abuse
- ☐ Documentation Concern
- ☐ HIPAA/Confidentiality
- ☐ Referral/Kickback Concern
- ☐ Violation of Law/Regulation
- ☐ Professional/Ethical Concern
- ☐ Harassment
- ☐ Retaliation
- ☐ Billing/Claims Concern
- ☐ Client Safety/Welfare
- ☐ Conflict of Interest
- ☐ Violation of Company Policy
- ☐ Payer/Medicaid Compliance Concern
- ☐ Other: _____

4. Information About the Concern

Date(s) of occurrence, if known: _____

Location(s), if applicable: _____

Individual(s) involved, if known:

Client identifier(s), if applicable:

Please provide only the minimum client information necessary to identify the matter. Do not include unnecessary protected health information.

Describe the concern

Please describe what occurred and provide any other information you believe may assist Human Resources/Compliance in reviewing the matter.

You may attach additional pages if additional space is needed.

5. Witnesses & Supporting Information

Are there witnesses or other individuals who may have relevant information?

☐ Yes ☐ No ☐ Unknown

If yes, please identify them if known:

Supporting Documentation

Do you have documentation or other information that may support the concern?

☐ Yes – Attached ☐ Yes – I will provide separately

☐ No ☐ Unknown/Not currently available

Supporting documentation may include emails, text messages, screenshots, records, photographs, correspondence, or other information relevant to the concern. Supporting documentation is not required in order to submit a report.

6. Previous Reporting or Action

Have you previously reported or discussed this concern with anyone at Stepping Stone Kids Therapy?

☐ Yes ☐ No

If yes, please identify the individual(s) and approximate date(s), if known:

What action, if any, has already been taken regarding the concern?

Prior reporting or an attempt at informal resolution is not required in order to submit a compliance concern or other report through this form.

7. Requested Resolution – If Applicable

Are you requesting a particular resolution or action?

☐ Yes ☐ No

If yes, please describe:

A requested resolution is not required for Stepping Stone Kids Therapy to review or investigate a reported concern.

8. Good-Faith Certification

I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

I understand that I am not required to have complete information or supporting documentation in order to make a good-faith report and that Human Resources, Compliance, or other authorized personnel may request additional information during the review.

I understand that Stepping Stone Kids Therapy prohibits retaliation against individuals who make good-faith reports or participate in an investigation or compliance review.

Identified or Confidential Reports

Name: _____

Signature: _____

Date: _____

Anonymous Reports

A name and signature are not required for an anonymous report. Submission of an anonymous report constitutes confirmation that the information provided is believed by the reporter to be true and accurate to the best of their knowledge.

STEPPING STONE
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For Human Resources / Compliance Use Only

Case/Report Number: _____

Date Received: _____

Received By: _____

Report Type: ☐ Identified ☐ Confidential ☐ Anonymous

Anonymous Password/Code Established: ☐ Yes ☐ No ☐ N/A

Primary Concern Category:

Assigned To: _____

Review/Investigation Required: ☐ Yes ☐ No

Date Review Initiated: _____

Status:

☐ Open
☐ Pending Information
☐ Under Investigation/Review
☐ Referred/Escalated
☐ Closed

Follow-Up Communication Received: ☐ Yes ☐ No ☐ N/A

Date Closed: _____

Outcome/Corrective or Follow-Up Action:

Related Case/Tracking Number, if applicable: _____

Additional Notes: