



Patient Grievance Form

Statement of complaint: _____

Date or dates of occurrence: _____

Date complaint submitted to Stepworks team: _____

Patient Signature: _____ Date: ___ / ___ / ___

Stepwork Team Member Signature: _____ Date: ___ / ___ / ___

Resolution: _____

Date of resolution: _____

Patient Signature: _____ Date: ___ / ___ / ___

Stepwork Team Member Signature: _____ Date: ___ / ___ / ___

Stepworks responds in writing to all formal grievances within 5 days. Patients who engage in the grievance process or who make a less formal complaint may do so without fear of interference, coercion, discrimination, or reprisal.