The Caring Center of Wichita, LLC Grievance Policy

If a patient and/or person feels they have had their rights violated, their confidentiality broken, or have been exposed or abused to any type of unethical behavior by the counselors employed by The Caring Center of Wichita LLC, they are able to fill out a grievance report. They will not be discharged from treatment/employment, nor will they be discriminated against in any way. Completion of the grievance review will be done within 30 days of submission. In the event of irreconcilable grievances, a contract can be nullified upon two weeks written notice. If the individual who is submitting the grievance does not feel that the action taken was appropriate they may appeal to the following:

Kansas Department on Aging and Disability Services (KDADS)

Substance Use Disorders Behavioral Health 503 S. Kansas Topeka, KS 66603-3404 Phone: (785) 296-4986 Fax: (785) 296-0256 Website: https://kdads.ks.gov/

Behavioral Science Regulatory Board (BSRB)

700 SW Harrison, Ste. 420 Topeka, KS 66603 Phone: (785) 296-3240 Fax: (785) 296-3112 Website: https://ksbsrb.ks.gov/

The Caring Center of Wichita LLC will cooperate with KDADS or BSRB during the investigation of a grievance that has been filed in regard to The Caring Center of Wichita LLC. The Grievance Form which follows should be used in the event a grievance needs to be filed. Upon completion of the form, it should be submitted directly to the Executive Director.

The Caring Center of Wichita, LLC Grievance Form

Name:	Today's Date:
Email:	Mobile Phone:

Briefly describe the problem or concern that led to this grievance. Include any dates, timeline of events, and persons involved.

Desired Outcome (if any): _____ Signature of Person submitting Grievance Date Response from The Caring Center of Wichita Signature of The Caring Center of Wichita Date The Caring Center of Wichita, LLC Grievance Form Reviewed November 16, 2021

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