|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Email |  | Phone |  |
| Briefly describe your grievance. Where and when did it happen? Who was involved? | | | |
|  | | | |
| What have you done to address your concern prior to filing this grievance? What happened? | | | |
|  | | | |
| What would you like done to address and resolve your grievance? | | | |
|  | | | |

Grievance forms can be mailed to:

Dr Christy Kane LLC

5455 West 11000 North Suite 204 Highland, UT 84003