|  |  |  |  |
| --- | --- | --- | --- |
| 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