

Grievance Form

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

Dr Christy Kane LLC
1250 E 200 S Suite 2B Lehi UT 84043
admin@drchristykane.com