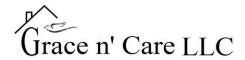
1405 Silver Lake Road NW Suite 1, New Brighton, MN 55112



Grievance/Compliant Form

Complaint Name			
Date of Incident			
Time of Incident			
Write your Complair	ts below:		
Did you get assistan	e in completing your co	mpliant form? Yes \(\square\) No \(\square\)	1
If so what's the nam		relationsh	
ii 30 Wildt 3 the halli	<u> </u>	Telationsii	Ψ
Compliant Address t	0:		
		Title	
<u></u>			
Note:			
		14 calendar days of the receipt	
For more information	about Grace n' Care comp	liant policy please review the gr	ievance policy.
 Date			Signature
-			- ٠٠٠ ل

@Grace n' Care L.L.C Reviewed 10/01/2021