

Turtle Healing Band Member Complaint Form

Personal

First Name:				
Middle Name:				
Last Name:				
Gender: Male □	Female □			
Home Address:				
Home Phone:				
Cell Phone:				
Personal Email:				
		<u>Practitioner</u>		
Name of Treating	Practitioner:			
	Traditioner.			
Office Phone:		Office Fa	ax:	
Business Website	•			
		<u>Summary</u>		
	and submit additional su		ce of indigenous medical care ere appropriate]:	c you received
forms, including affid information, may resu and/or punitive dama	avits or other supporting out It in the dismissal of my c	documents submitted ther omplaint, prosecution for f ion of character. Therefore	nts made knowingly and willful ewith, as well as the withholo fees and costs associated with e, I declare under penalty of p	ding of relevant n my complaint,
Signature:			Date:	
MAII		EMAII	_	A Y

<u>MAIL</u>

<u>EMAIL</u>

<u>FAX</u> (702) 902-2862