

**UTAH NURSING ASSISTANT REGISTRY**

550 East 300 South  
Kaysville, Utah 84037  
Phone: (801) 547-9947  
E-mail: UNAR@datc.edu

**UTAH NURSING ASSISTANT REGISTRY**  
**Complaint Form**

<i><b>Contact Information</b></i>
Name:
Address (Street, City, State Zip Code)
Telephone Number:
E-Mail Address:

<i><b>Complaint Information</b></i>
[ ] Utah Nursing Assistant Registry
[ ] Testing Site: _____
[ ] Nursing Assistant Program: _____

<i><b>Supporting Documentation</b></i>
Attach documentation such as cancelled checks, receipts, correspondence, testing results, etc. Also attach names, addresses and telephone numbers of others who may have information about the complaint.

<i><b>Details of Complaint</b></i>	
Provide a brief summary of what actually occurred (including name(s) of parties involved, date of incident and attempts at resolving complaint). (Add additional sheets only if necessary.):	
Signature _____	Date _____