

Grievance Form

Name: _____

Address: _____

Email: _____ Phone Number: _____

Name of Activity Attended: _____

Activity Date: _____

Please describe the nature of the issue, including context (specific CME/CE activities, dates, conversations, etc.) if possible:

Please return to:

Tufts University School of Medicine Office of Continuing Education
136 Harrison Ave., Boston, MA 02111
Tel: 617-636-6579
Email: med-oce@tufts.edu