



Gaunley Home Care, LLC
720 Prospect Avenue
Scranton, PA 18505-1837
570-800-7907

Participant Complaint Form

Participant Name	
Date of incident	
Time	
Location	
Phone number	

Describe the nature of your complaint:

Preferred outcome/suggested solution

Name of Participant or Personal Representative

Signature of Participant or

Personal Representative: _____ Date: _____

Please submit this form directly to our office at the above address

FOR GAUNLEY HOME CARE, LLC USE ONLY:

Date Received: _____ Date of Response: _____

Signature of Employee: _____ Date: _____

Print Employee Name and Title: _____

Resolution

Action taken to resolve the complaint

Was the complaint resolved in the client's satisfaction? Explain.

(If you have any questions, please contact the main office or call (570-800-7907))