

PARTICIPANT CONCERN FORM

Participant/Responsible Person (please print name):

Albright LIFE Center: _____

Concern (Person Involved, Date, Time):

Participant/Responsible Person signature

Date

Please return in-person, mail or fax to your Albright LIFE Center.

Albright LIFE Chester County
555 Fox Chase Suite 106, Coatesville, PA 19320
Fax number: 610-383-3814

Albright LIFE Cumberland County
1920 Good Hope Rd, Enola, PA 17025
Fax number: (717) 614-4499

Albright LIFE Franklin County
840 Fifth Avenue, Chambersburg, PA 17201
Fax number: (717) 264-3279

Albright LIFE Lancaster County
417 W. Frederick Street, Lancaster, PA 17603
Fax number: (717) 381-4380

Albright LIFE Lebanon County
113 S. Ninth Street, Lebanon, PA 17042
Fax number: (717) 376-1450

Albright LIFE Lycoming County
901 Memorial Avenue, Williamsport, PA 17701
Fax number: (570) 327-3093