

## PARTICIPANT CONCERN FORM

Participant/Responsible Person (please print name):

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Albright LIFE Center: \_\_\_\_\_

Concern (Person Involved, Date, Time):

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Participant/Responsible Person signature

Date

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

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

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

Albright LIFE Lebanon  
113 S. 9th Street, Lebanon, PA 17042  
Fax number: (717) 376-1450

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