



### Concern and Complaint Form

\*INFORMATION GIVEN ON THIS FORM IS CONFIDENTIAL\*

Please complete and return to:  
Sunpath, LLC Clinical Director  
P.O. Box 864  
Gastonia, NC 28053  
Phone: (704) 478-6093 ~ Fax: (704) 973-9287  
admin@sunpathllc.com

Your Name:		
Your Address:		
City:	State:	Zip Code:
Phone Number(s):		

What Service and / or Employee do you have concern with?

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What is your concern/complaint? \_\_\_\_\_

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Please include names, dates, times and location: \_\_\_\_\_

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Have you discussed this with a staff member? \_\_\_\_\_

If yes, who and what did the staff member do to address your concern? \_\_\_\_\_

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What would you like for us to do to solve this problem? \_\_\_\_\_

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