Luna Home Care
640 Brighton Ave Suite 7 Portland, ME 04012
Office 207-808-8082

Complaint Form

Client Name: _____
Date of Birth: _____

At Luna Home Care, we prioritize addressing client complaints with the utmost seriousness. We are committed to thoroughly investigating all concerns to ensure quality care and service. Each provider is responsible for maintaining a detailed log of all complaints, whether verbal or written.

Please indicate the nature of your complaint by checking the appropriate box(es):

- ☐ **Employee Tardiness** (e.g., Employee is frequently late)
- ☐ **Disrespectful Behavior** (e.g., Is your PSS respectful?)
- ☐ **Theft Reporting**
- ☐ **Fire/Police Involvement**
- ☐ **Abuse or Neglect Reporting**

Additional Comments or Concerns:

_____

_____

_____

Open for Additional Complaints:

_____

_____

_____

Client Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____