



## Care Experience Complaint Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to be contacted about your experience? Phone Number: \_\_\_\_\_

Yes

No

Adult & Child Health is dedicated to providing safe and high-quality person-centered services to all those we serve. Because we believe patients, clients, and consumers should play an active role in their treatment, we also encourage self-advocacy and the ability for all to share their care experience or concerns.

Your feedback is important to us. Please share your experience below and return this form to an Adult & Child Health employee or mail to the address on right.

✉ **ATTN: Care Experience**  
Adult & Child Health  
8320 Madison Ave  
Indianapolis, IN 46227

*Thank you for your valuable feedback.*