



Feedback Form

At Eustasis Psychiatric and Addiction Health, we feel it is important for our patients and visitors to have voice in their experience at our facility. We appreciate you taking the time to let us know what we are doing right, or what you feel we could be doing better. The information is important for us so we can ensure everyone is satisfied with the care they receive.

Patient/Visitor Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred method of contact: _____

Provider, Staff member or department feedback applies to: _____

Feedback: _____

Have you provided this feedback before? YES NO if "YES", when and to whom:

Would you like to be contacted regarding this feedback? YES NO

Patient Signature: _____ Date: _____

Return completed form to: Eustasis Psychiatric and Addiction Health
c/o Corporate Compliance
3600 S. National Ave
Springfield, Missouri 65807



Administrative Use Only:

Resolution: _____

Resolution completed by: _____ Date: _____

Patient/Family informed of resolution? YES NO

Return completed form to: Eustasis Psychiatric and Addiction Health
c/o Corporate Compliance
3600 S. National Ave
Springfield, Missouri 65807

Or, email
compliance@eustasis.com