



Clinton County Health Department

133 Margaret Street, Plattsburgh, New York
12901-2926

"Working Together for a Healthier Community"

www.clintonhealth.org



Public Health
Prevent. Promote. Protect.

Administration Division

Phone (518) 565-4840

Fax: (518) 565-4717

Form A Public Feedback Form

Clinton County Health Department wants to hear from you. Tell us about our service. What did you like? What you disliked? How can we do a better job?

Was there something you disliked? Tell us your name and how to get in touch with you. We will tell you in writing what we plan to do to improve. Do you prefer to talk to someone? You can call: 518-565-4840, Monday through Friday between 8AM and 5 PM to give input to us.

Form Instructions: *Print out form after completing and fax to 518-565-4717; or mail to CCHD, 133 Margaret St. Plattsburgh, NY 12901 Attention Director Public Health; or fill out online, "save" and e-mail to health@clintoncountygov.com*

If you are complaining about a public health hazard in the community, please use the Environmental Health Division's Nuisance Form available on our website at www.clintonhealth.org in the Environmental Menu

Your Name: _____ Date: _____

Address: _____

Contact information: (Phone, e-mail) _____

How Do You Prefer To be Contacted? meet at the Health Department. by phone by e-mail by mail

I do not wish to be contacted

Date the event took place: _____ Program: _____

Name(s) of Health Department Staff involved: _____

Tell us about our service. What did you like? What did you dislike?

What, if anything, should we do differently?

What do you expect us to do with your input?

THANK-YOU FOR TELLING US ABOUT YOUR EXPERIENCE WITH CCHD



<http://www.facebook.com/ClintonHealth>

FOR CCHD USE ONLY:

Action Taken:

Signature of staff filling out form (if not supervisor): _____ **Date:** _____

Supervisor Response (Include date received, staff involved, specific investigation done, and any steps taken to resolve, including outcome – such as “resolved,” unresolved after 14 days and given to Division Manager):

Division Manager Response (if needed):

Division Manager Signature: _____ **Date:** _____

Instructions: Submit to ADM for processing

DPH Signature: _____ **Date:** _____



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