

Clinton County Health Department Client Satisfaction Form

Form B

Your experience is important to us. Please use this form to tell us about your most recent interaction with the Clinton County Health Department. Your feedback is anonymous, but if you would like to hear back from us, please leave us your contact information at the end of the form.

If you have any questions about this form or would like to talk to someone confidentially, please call 518-565-4840 and ask for our Quality Coordinator.

This form can be emailed to health@clintoncountygov.com, faxed to 518-565-4717, or mailed to the Clinton County Health Department at 133 Margaret St. Plattsburgh, NY 12901.

1. During your most recent visit or contact, what program or service did you receive? Please check only one.

Environmental Health & Safety Services:

Healthy Neighborhoods Program
Nuisance Complaint Program

Environmental Health Inspection:

Beach/Swimming Pool
Children's Camp
Food Service/Restaurant
Migrant Worker's Camp
Mobile Home Park
Septic
Water

Environmental Plans Review:

Engineering Plans Review

Environmental Health Permits:

- Beach/Swimming Pool
- Children's Camp
- Food Service/Restaurant
- Migrant Worker's Camp
- Mobile Home Park
- Septic
- Water

Environmental Health & Safety Animal Bite/Rabies Prevention Program:

Animal Bite/Rabies Prevention Program
Rabies Immunization Clinic for Dogs, Cats, and Ferrets Location: _____

Health Care Services:

Chest (TB) Clinic Location: _____
Children with Special Health Care Needs Program
Developmental Services/Early Intervention
Family Services Program
Immunization (Vaccines) Location: _____
Improved Pregnancy Outcome Program
Lead Program
Newborn/Postpartum Program
Women, Infants, and Children (WIC): Location: _____






Health Planning & Promotion

Better Choice Retailer or Eatery
Community Health Presentation
Creating Breastfeeding Friendly Communities
Creating Healthy Schools & Communities
Partner Nurse Program

Other:

Please specify: _____

2. Based on your experience, please indicate your level of agreement with the following statements by placing a checkmark in the column that best describes your opinion:

| |  Strongly Disagree |  Disagree |  Undecided |  Agree |  Strongly Agree | Does not apply to me. |
|--|--|---|---|--|---|-----------------------|
| Clinton County Health Department staff were welcoming. | | | | | | |
| Clinton County Health Department staff kept me informed through the entire process. | | | | | | |
| The Clinton County Health Department staff person that helped me was knowledgeable. | | | | | | |
| The information I received from the Clinton County Health Department was clear and easy to understand. | | | | | | |
| If the Clinton County Health Department did not provide the services you were looking for, we directed you to someone who does provide that service. | | | | | | |
| If you attended a clinic, location, time and parking were convenient. | | | | | | |
| If you attended a clinic, the time you waited for services was reasonable. | | | | | | |

3. Please use the space below to share any comments or suggestions you have about your experience with the Clinton County Health Department:

If you would like to hear back from us, please leave your name and contact information:

_____ Name

_____ Contact Information (Phone number or email address)

By checking this box you give us permission to use your input in our promotional material: