

Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

"Working Together for a Healthier Community"



www.clintonhealth.org

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

	_	
	Date:	
Address:		
Contact information: (Phone, e-mail)		
How Do You Prefer To be Contacted? I do not wish to be contacted _	_ meet at the Health Department by phone by e-mailby mail	
Date the event took place: Name(s) of Health Department Staff invo	Program:	
Tell us about our service. What did you like? What did you dislike?		
What, if anything, should we do different	tly?	
What do you expect us to do with your in	nput?	
THANK-YOU FOR T	TELLING US ABOUT YOUR EXPERIENCE WITH CCHD	

FOR CCHD USE ONLY:

Action Taken:

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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