



Tompkins County, New York
GENERAL FEEDBACK FORM

Notices: If you are unable to use this form, please contact the Department of County Administration at 607-274-5551 to arrange an alternate means of filing a general feedback form.

Tompkins County will evaluate the feedback to determine whether it is an area in which we have jurisdiction. If Tompkins County does not have jurisdiction, we will refer the feedback/concern/complaint to the appropriate agency or suggest to the complainant that they contact the appropriate agency.

This form shall not be used for Title VI or ADA complaints. Please visit the County website at [Title VI and ADA Complaint Procedures | Tompkins County NY](#) to file such complaints.

Forms may be filed by submitting to the address below or by email at compliance@tompkins-co.org:

Tompkins County Administration
Attn: Compliance Program
125 East Court Street, Old Jail Building, 3rd Floor
Ithaca, New York 14850

I. INFORMATION ABOUT THE FORM SUBMITTER

Name: _____ Date: _____
(Please Print First Name and Last Name)

Address: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

II. FEEDBACK DETAILS

(Please provide the following information about the County employee or department you have feedback for in relation to any program, service, or activity administered by Tompkins County as well as any organization or persons conducting business on behalf of the County.)

Name County employee whom you had interaction with, if known/if applicable: _____

Employee Title: _____ Department: _____

Program/Service/Activity: _____ Date(s) of Interaction: _____

Please briefly describe the nature of your feedback. (i.e. positive interaction feedback, misconduct, unprofessionalism, failure to provide essential public services, etc.)

Please detail the facts upon which the above feedback is based (i.e. dates, names, times, witnesses, etc.). Attach additional pages if necessary.:



Tompkins County, New York
GENERAL FEEDBACK FORM

Please indicate other agencies (Local, State, or Federal) where this same feedback has been filed:

If submitting a concern/complaint, please indicate a suggested remedy you propose or an explanation of the actions the County has taken or proposed to resolve the issue raised in the concern/complaint:

Affirmation:

I do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false or misleading statements, accusations or allegations made by me in relation to this feedback, either orally or in writing, may subject me to civil action and/or criminal prosecution.

I realize that to assure a thorough investigation of this matter, it may become necessary for me to speak with representatives of Tompkins County for the purpose of discussing this incident in detail. I hereby agree to make myself available at reasonable times and places as may be necessary for such interviews.

By submitting this form, you are agreeing to the above statement.

Completed by: _____ Date: _____
(Submitter Signature or Signature of Submitter's Representative)

III. ROUTING AND PROCESSING (OFFICE USE ONLY)

Form submitted: ☐ In Person ☐ USPS Mail ☐ Fax ☐ Email ☐ Online (via County website)

Form received by: _____ Date: _____
(Please Print both First and Last Name of County Representative)