



CITY OF KINGSTON

420 Broadway
Kingston, NY 12401
(845) 331-0080
Steven T. Noble, Mayor



PUBLIC COMPLIMENT OR COMPLAINT FORM

The City of Kingston is dedicated to providing the highest quality services to its residents, business owners and visitors. Your compliments and complaints are important to us and we appreciate you taking the time to contact us.

Please identify if this is a COMPLIMENT [] or COMPLAINT [].

Name of individual filing compliment/complaint: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Email address: _____

Please provide the contact information for any person assisting in completing this form *(if any)*:

Name: _____ Agency/Affiliation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Email address: _____

Identification of City Employee(s) involved in incident, if known:

1. Name: _____ Department/Office: _____

2. Name: _____ Department/Office: _____

3. Name: _____ Department/Office: _____



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Please describe, in as much detail as possible, the incident(s) surrounding this compliment or complaint.

(Attach additional pages if needed)

Please list any witness(es) and/or individual(s) with relevant knowledge to the incident.

(Please provide Names, Addresses and Phone Numbers.)

NAME	ADDRESS	PHONE NUMBER

DISCLAIMER: The following is applicable ONLY to the filing of a complaint against a City employee(s):

I realize that it may be necessary in the investigation of this complaint for me to meet with Officials of the City of Kingston and/or the Board/Commission members to discuss this complaint. I understand that if my complaint results in a legal proceeding, my testimony at such proceeding may be needed and I hereby agree to make myself available, if required to do so. I hereby certify that to the best of my knowledge and under penalty of perjury, the statements made herein are true and accurate.

Signed: _____

Date: _____