



# Tompkins County Board of Elections

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## PSM and Inspector Feedback Form

We need your partnership, so we are asking you to spend a few thoughtful moments to provide feedback. Please return this form in the B-Bag and we will read every feedback form and facilitate improvements. Please keep in mind that some procedures or forms are State mandated.

1. Your name: \_\_\_\_\_
2. Your Poll Site: \_\_\_\_\_
3. Check which best describes your experience:
  - a. I am an Inspector \_\_\_\_\_ or PSM \_\_\_\_\_
  - b. I have been a Poll Site Manager and an Inspector \_\_\_\_\_

What did you like about your PSM / Inspector binder?

\_\_\_\_\_

What would you change? \_\_\_\_\_

\_\_\_\_\_

Have you attended any trainings within the past 12 months? Yes \_\_\_ No \_\_\_

On what would you like more training?

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_