

Talk to us...



Concord Oval **Recreation** Centre

Five Dock **Leisure** Centre

City of Canada Bay Facilities

Children & Young People's Feedback Form

Service/program used:

Date:

We would like you to think about your time with us.

If a friend wanted to do the same activity as you, do you think they should come here? (Please tick one box)

| Always | Sometimes | Maybe | No | Never | Don't know |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please can you tell us why?

Please tick this box if you DO NOT wish anyone else to see your comments

| How do you feel about the following... | Great | Good | Not good | Bad | Does not apply |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The time you waited to be served | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The way our staff welcomed you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The way they listened to you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The information you were given (leaflets or told) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The way you were treated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The way your questions were answered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your time with us today | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please drop completed form to a staff member or place in the feedback box at reception