

HIDDEN FOREST RECREATIONAL FACILITIES RESIDENT COMMENT SHEET

The Hidden Forest pool staff, management, and Board of Directors need your observations and comments regarding the successful daily operations of our community pool.

This form is being made available to give you the opportunity to express your reactions to all areas of operation. Please take a few moments to give your Board of Directors your observations and/or suggestions on how we can continue to improve and fine-tune pool operations to best address the needs and wishes of our community.

	EXCELLENT	SATISFACTORY	UNSATISFACTORY
POOL SAFETY			
LIFEGUARD PERFORMANCE	_____	_____	_____
GENERAL CONTROL	_____	_____	_____
EQUIPMENT CONDITION	_____	_____	_____
CLEANLINESS OF THE FACILITY			
BATHROOMS	_____	_____	_____
DECK AREA	_____	_____	_____
ENTRYWAY	_____	_____	_____
PICNIC AREA	_____	_____	_____
STAFF RELATIONS			
COURTESY	_____	_____	_____
SWIM PROGRAMS			
IN GENERAL	_____	_____	_____
OVERALL EXPERIENCE	_____	_____	_____

Your name and phone number are requested in the event we would like to have more details or would like to personally follow up with you concerning a specific incident.

NAME _____

ADDRESS _____

PHONE _____ DATE _____

Please tell us about a specific incident(s) which caused you to request this form. Include information on the date and time of the occurrence and any staff action which was taken. This will help us in providing training or changing operation policy to prevent this incident from being repeated.

COMMENTS

PLEASE USE THE BACK OF THIS FORM FOR ADDITIONAL COMMENTS

YOU MAY RETURN THE FORM TO OUR HF OFFICE, ANY BOARD MEMBER, OR DROP INTO THE SURVEY AND COMMENTS BOX PROVIDED AT THE LIFEGUARD DESK.