

## **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.**