

San Gabriel Parks & Recreation Customer Survey

1. Please fill in the class number and class title.

2. What did you like best about the class? What, if anything, didn't you like about the class?

3. Overall, how would you rate this class?

Exceptional	Above Average	Satisfactory	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Were the days and times the class was offered convenient?

Yes No

If no, what days and times would be more convenient for you? _____

5. For the value you received from this class, was it priced fairly?

Yes No

If no, what would be a fair price? _____

6. Please rate the facility in which your class was held.

	Exceptional	Above Average	Satisfactory	Needs Improvement
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility name: _____

Comments: _____

7. Please rate the instructor in the following areas:

	Exceptional	Above Average	Satisfactory	Needs Improvement
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

8. If the instructor provided handouts or materials for this class, were they adequate?

Yes No

If no, what improvements would you suggest?

9. How did you register for this class?

Mail-in

Walk-in at Community Recreation Center

Phone-in

Fax-in

On-line Registration

10. Was the registration procedure convenient for you?

Yes No

If no, what would you suggest to make it more convenient? _____

11. Please rate the service you received:

	Exceptional	Above Average	Satisfactory	Needs Improvement
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Knowledge

12. How would you rate the OVERALL service you received?

Exceptional	Above Average	Satisfactory	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Did you receive the information/service that you wanted?

Yes No

If you answered no, please explain.

14. How did you find out about this class?

Department brochure (mailed to my home)

Department brochure (received other than by mail)

City website Flier

Friend Other _____

15. What other classes would you like to see offered? (please be specific) _____

16. Please list any other comments or suggestions: _____

SO WE CAN RESPOND TO YOUR REQUESTS...

(OPTIONAL AND COMPLETELY CONFIDENTIAL)

Name _____

Address _____

City _____ Zip _____

Phone _____

We are serious about service.....

The Recreation Department staff is responsible for providing leisure services that enhance the quality of life for all citizens. One of our primary goals is to make sure that we are offering programs and activities that give individuals an opportunity to have positive leisure experiences.

We encourage you to take a moment to give us your comments and suggestions. Your input enables us to enhance the services we provide for the community.

If you have received extra special service, this is a good way for you to tell us about it. If you have comments on problem areas, or suggestions for improvements, we want to hear about them. This will help us to improve our service to you.

Thank you for your time and your assistance.

Recreation Department Staff

Mission Statement

As City employees, we are proud to say that WE ARE THE CITY OF SAN GABRIEL. We take pride in ourselves, our organization and our community. Our mission is to deliver the best and most cost-efficient municipal service to the citizens of San Gabriel and create a community that future generations will be proud of and enjoy.

How Are We Doing?



Customer Comment Card



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