



City of Pullman, Parks, Facilities & Recreation

Customer Feedback/Complaint Form

RETURN TO: Park, Facilities, & Recreation, 240 SE Dexter St., Pullman, WA 99163
 Or fax: 509-338-3313, email to: recreation@pullman-wa.gov 509-338-3227

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone #1 _____ Phone #2 _____

<input type="checkbox"/> Accessibility of facilities (ADA)	<input type="checkbox"/> Parks	<input type="checkbox"/> Military Hill Park	<input type="checkbox"/> Recreation Program
<input type="checkbox"/> Aquatic & Fitness Ctr.	<input type="checkbox"/> City Playfield	<input type="checkbox"/> McGee Park	(program) _____
<input type="checkbox"/> Aquatic Program	<input type="checkbox"/> City Trail System	<input type="checkbox"/> Petry Natural Area	(staff name) _____
<input type="checkbox"/> Reaney Park Pool	<input type="checkbox"/> Conservation Park	<input type="checkbox"/> Reaney Park	
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Emerald Pointe Park	<input type="checkbox"/> Spring street Skate Park	
<input type="checkbox"/> Facility (City Buildings)	<input type="checkbox"/> Harrison Tot Lot	<input type="checkbox"/> Sunnyside park	<input type="checkbox"/> Senior Center/Active Adults
Location _____	<input type="checkbox"/> Itani Liner Path	<input type="checkbox"/> Sunrise Park	<input type="checkbox"/> Street Trees
<input type="checkbox"/> Garbage	<input type="checkbox"/> Itani Park	<input type="checkbox"/> Terre View Park	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Personnel	<input type="checkbox"/> Kruegel Park	<input type="checkbox"/> Woodcraft Park	<input type="checkbox"/> Other _____
(name) _____	<input type="checkbox"/> Lawson Gardens	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Mary's Park		

Physical Address you are reporting:
 (garbage/weed complaints) _____

BRIEF DESCRIPTION of feedback or complaint: _____

If you write additional information on the back of this form.

Signature _____ Date _____

For Office Use Only: Date/time received in office: _____ By: _____

Staff Response:

	Date forwarded	Forwarded to:
Parks		
Recreation		
Other		

(attach email or letter)

- Email
- In Person
- Letter
- Phone

Staff member responding _____

Please give brief description of response given for the above mentioned complaint: _____

Signature of Staff member: _____ Date _____

Manager/Supervisor Response: _____

Signature of Manager/Supervisor: _____ Date: _____