



# PULLMAN PARKS & RECREATION

## Customer Feedback/Complaint Form

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

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

<input type="checkbox"/> Accessibility of facilities (ADA)	<input type="checkbox"/> Parks Site	<input type="checkbox"/> Military Hill Park	<input type="checkbox"/> Personnel (name)
<input type="checkbox"/> Aquatic & Fitness Ctr.	<input type="checkbox"/> City Playfield	<input type="checkbox"/> Palouse Trail	_____
<input type="checkbox"/> Aquatic Program	<input type="checkbox"/> Harrison Tot Lot	<input type="checkbox"/> Pioneer Center	<input type="checkbox"/> Recreation Program
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Itani Park	<input type="checkbox"/> Spring Street Park	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Garbage	<input type="checkbox"/> Kruegel Park	<input type="checkbox"/> Sunnyside Park	<input type="checkbox"/> Weed Control
	<input type="checkbox"/> Lawson Gardens	<input type="checkbox"/> Terreview Park	<input type="checkbox"/> Other
	<input type="checkbox"/> McGee Park	<input type="checkbox"/> Woodcraft 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:	(attach email or letter)
<input type="checkbox"/> Parks	_____	_____	<input type="checkbox"/> Email
<input type="checkbox"/> Recreation	_____	_____	<input type="checkbox"/> In Person
<input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Letter
			<input type="checkbox"/> 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: \_\_\_\_\_