



MEN'S SPACE FEEDBACK FORM

This form is for you to tell us what you really think about our program.

Program /Activity Name: _____

Name: (Optional) _____

Date: ____/____/____

Complaint Compliment Feedback Improvement Suggestion Issue Verbal

Other: _____

Are you:

Men's Space Member Visitor Staff Member

Other: _____

How did you travel to the program today?

Gurriny Courtesy Bus Gurriny Private Vehicle Own Transport

Other: _____

PLEASE CIRCLE WHICH BEST SUITS YOUR EXPERIENCE

How was your experience here today?

BAD OK GOOD Very Good Excellent



What did you like about the program/activity?

What did you dislike about the program/activity?

How can we do to do better?

Comments

