

CUSTOMER COMMENT FORM

At Bridport Leisure Centre, we are committed to continually improving the level of service we offer to you the customer. Feedback is an essential part of the process and we therefore welcome and encourage comments, suggestions and complaints on any aspect of the Centre in order to assist our quest for continuous improvement.

Please complete in BLOCK CAPITALS

Name	<input type="text"/>				
Date	<input type="text"/>	Time	<input type="text"/>	Activity	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Tel (home)	<input type="text"/>	Tel (work)	<input type="text"/>		
E-mail	<input type="text"/>				

How would you rate the following aspects of Bridport Leisure Centre?

	Excellent	Good	Average	Poor	Very Poor
Your overall visit to the Centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The range of activities at the Centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your visit in terms of value for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cleanliness of the Centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speed and efficiency of Reception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The friendliness of the staff you encountered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilities within the Centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity you took part in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you feel the Centre compares to other Centres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Charity No.267781

