



Patron Feedback Form

Full Name: _____ Phone Number: _____

Email Address: _____ Today's Date: _____

Do you wish to be contacted to follow up with this matter? Yes No

Date and time of good deed/incident: ____/____/____ : ____ a.m. / p.m.

Location: Park _____ Community Center Senior Center Nature Center

Individuals involved:

SHPR Staff: Yes / No Name(s) if known: _____

Another Patron(s) Yes / No Name(s) if known: _____

Is this regarding an incident in which the Police were involved? Yes No

If **yes**, please provide the police report number and date below.

_____ Police Report #

_____ Date

Please describe in detail the good deed / compliment / issue / incident:

If you have additional paperwork or information you would like to share, please attach it to this form for submission.

Department Use Below

Received: ____/____/____ : ____ a.m. / p.m. Received by: _____

Staff Findings: _____

Resolution and resolved by: _____

Unable to resolve, report sent to: _____ Date: _____

To my knowledge, this is the _____ time this issue has been reported and followed up on. _____
Initials

Compliment shared with: Supervisor: _____ Date: _____

Employee: _____ Date: _____