



City of Dallas
Park and Recreation
Department

How Do We RATE



Your comments or suggestions will help us serve you better.
Please download this form, print it, fill it out and fax it to (214) 670-6892
or mail it to: City of Dallas Park and Recreation Department
3012 S. Hampton
Dallas, TX 75224-9909

1. Which facility did you visit? On which date?

2. What brought you to this facility?

- Recreational visit
- Scheduled programs/classes
- Sports league play
- Special event _____
- To use the restrooms
- Civic group reservation
- Private Reservation
- To tour the facility
- To attend a meeting
- Other _____

3. Please rate our staff at this facility:

- Were you greeted upon entering? Y N
- Was our staff friendly? Y N
- Was our staff attentive to you? Y N
- Were your needs met? Y N
- Was your phone call handled appropriately? Y N

If you answered NO to any of the above, please provide some feedback so we can improve our level of service.

4. Please rate this facility on the following areas:

Buildings/facilities	1	2	3	4	N/A
Lawn/grounds	1	2	3	4	N/A
Parking	1	2	3	4	N/A
Security	1	2	3	4	N/A
Handicapped access	1	2	3	4	N/A
Park benches/picnic areas	1	2	3	4	N/A
Playground equipment	1	2	3	4	N/A
Swimming pool	1	2	3	4	N/A
Athletic fields	1	2	3	4	N/A
Tennis courts	1	2	3	4	N/A
Restrooms	1	2	3	4	N/A

1 = poor 2 = fair 3 = good 4 = excellent N/A = Not Applicable

5. Please rate us on the following:

Quantity of programs	1	2	3	4
Quality of programs	1	2	3	4
Admission/program fees	1	2	3	4

1 = poor 2 = fair 3 = good 4 = excellent

6. How often do you visit this facility?

- First visit Daily
- Weekly Monthly
- Annually Special events

7. What is your means of transportation to this facility today?

- Personal car Taxi
- DART Handi Ride DART bus
- Walk Other _____
- Bicycle

8. Please indicate how many in your group visited today:

- Preschool (1-5) Youth (6-12)
- Teen (13-17) Adult (18-62)
- Senior (63 and older)

9. How would you rate the overall service that you receive from us?

Excellent Good Fair Poor

10. Please provide any other comments you feel would make our service to you better: _____

Check this box if you would like to be contacted about this survey.

Please complete below (optional)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (H) _____ (W) _____

e-mail: _____