



# CUSTOMER FEEDBACK REPORT

Warrenville Park District  
3S260 Warren Avenue  
Warrenville, IL 60555  
Phone (630) 393-7279/Fax (630) 393-7282  
www.warrenvilleparks.org

**DATE:**

**Customer Name**

**Address:**

**City:**

**State:**

**ZIP Code:**

**Phone:**

**Email:**

## NATURE OF COMPLIMENT/COMPLAINT/SUGGESTION

## OFFICE USE ONLY

PHONE  LETTER  IN PERSON  EMAIL  FAX

**Location:**

**Date:**

**Time:**

**Health or Safety Issue: (please check yes or no)**

**Yes:**

**No:**

**Staff Member Receiving Compliment/Complaint:**

**Complainant Notified of Disposition:**

**Yes:**

**No:**

**Immediate Action Taken:**

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

**Supervisor Follow-up:**

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

**Department Head Follow-up:**

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

## STATUS REPORT

Completed  Incomplete  Pending  Disregard

**Executive Director:**

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

**Original Filed After Resolution:**

**By:**

**Date:**