

Form:	Form No.	Authorised By:	Section:	Effective:	Review Date:
Feedback Form	COM-FBK-FRM	Centre Manager	Communications / Administration (COM/ADM)	Upon approval	April 2029; 3-yearly

Feedback Form

Comments, suggestions, compliments, concerns and survey responses

Property of Glenfield Community Centre Incorporated

Version 2026.1 | Draft for implementation | Review April 2029

This form may be used as a printed form, downloadable PDF, or as the basis for an online feedback form.

1 Purpose:

Glenfield Community Centre welcomes feedback from community members, hirers, tenants, user groups, volunteers, stakeholders and visitors. Your feedback helps us understand what we are doing well, where we can improve, and how the Centre can continue to meet community needs.

You may use this form to provide a comment, suggestion, compliment, concern, or response to a customer satisfaction survey. If your matter is serious, urgent, or requires investigation, GCC may treat it as a formal complaint and explain the relevant process.

Privacy and use of information

GCC will use the information you provide to consider, respond to, and improve services. Providing your name and contact details is optional unless you would like a response. Personal information will be managed in accordance with GCC privacy requirements and applicable New Zealand privacy law. Anonymous feedback may be recorded and considered, but GCC may be unable to respond or investigate fully without contact details.

2 About you (optional):

Name	
Organisation / group (if applicable)	
Email	
Phone	
Preferred contact method	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> No response required
Relationship to GCC	<input type="checkbox"/> Community member <input type="checkbox"/> Hirer <input type="checkbox"/> Tenant <input type="checkbox"/> User group <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Member <input type="checkbox"/> Other: _____
May we contact you about this feedback?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3 Type of feedback

What best describes your feedback?	<input type="checkbox"/> Compliment <input type="checkbox"/> Suggestion <input type="checkbox"/> Concern <input type="checkbox"/> General comment <input type="checkbox"/> Customer satisfaction survey response <input type="checkbox"/> Formal complaint requested
Main topic	<input type="checkbox"/> Facilities / rooms <input type="checkbox"/> Bookings <input type="checkbox"/> Communication <input type="checkbox"/> Events / programmes <input type="checkbox"/> Accessibility <input type="checkbox"/> Safety <input type="checkbox"/> Website / online information <input type="checkbox"/> Staff / service <input type="checkbox"/> Other: _____
Date of visit, booking, event or issue (if relevant)	
Room, service, event or activity involved (if relevant)	
Is there an immediate safety, privacy, or urgent operational issue?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please describe below and contact GCC directly if urgent

4 Your feedback

What would you like to tell us?

What worked well?

What could be improved?

What would you like to happen next, if anything?

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5 Optional satisfaction ratings

Please complete any ratings that are relevant to your experience.

Area	Very satisfied	Satisfied	Neutral	Dissatisfied	Not applicable
Room / facility condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booking process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Consent and acknowledgement

Anonymous use of feedback	<input type="checkbox"/> GCC may use this feedback anonymously for reporting, improvement planning, or public communications. <input type="checkbox"/> Please do not quote or publish any part of my feedback.
Follow-up	<input type="checkbox"/> I would like a response. <input type="checkbox"/> I do not need a response.
Signature (printed form only)	
Date	

7 How to submit this form

- **Email:** send completed forms or feedback to the Centre Manager (manager@gcc.net.nz).
- **In person:** hand this form to GCC staff during office hours.
- **Formal complaints:** if your feedback is treated as a formal complaint, GCC will advise you of the relevant policy or process and next steps.

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Office use only

This section is for GCC staff, management, or Governance use where follow-up, escalation, reporting or record-keeping is required.

Date received	
Received by	
Channel received	<input type="checkbox"/> Online survey <input type="checkbox"/> Email <input type="checkbox"/> Website contact form <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Other
Feedback reference / record ID	
Category	<input type="checkbox"/> Compliment <input type="checkbox"/> Suggestion <input type="checkbox"/> Concern <input type="checkbox"/> Complaint <input type="checkbox"/> Survey response <input type="checkbox"/> Other
Priority / risk level	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Urgent
Assigned to	
Action required	
Due date	
Outcome / response provided	
Date closed	
Logged in feedback / complaints register	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
Reported to Governance / Chair if required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required

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Online implementation notes

Recommended online form structure:

Element	Implementation note
Intro / privacy notice	Keep visible before the first question. Explain that contact details are optional unless a response is requested.
Required fields	Type of feedback; main topic; feedback text; whether a response is requested.
Optional fields	Name; organisation; contact details; date of visit or event; satisfaction ratings.
Branching	If “Formal complaint requested”, “Safety”, “Privacy”, or “Urgent” is selected, display advice to contact GCC directly and notify the Centre Manager.
Reporting fields	Map responses to categories used in the feedback / complaints register so monthly or quarterly patterns can be reviewed.
Survey status	When no customer satisfaction survey is open, retain the general feedback form and display the survey status on the website.

Document Management Control

Prepared by	Centre Manager
Document Owner	Centre Manager
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