

# ***Fitness Complaints Form***

This form is to be completed at the time of the complaint and must be given to the Customer Services Team immediately

## ***Complainants details***

First Name:.....Surname Name:.....

Address.....

Contact Number:.....(cell).....(work).....(home)

Email:.....

Do you wish to be contacted by the Manager to discuss this complaint further?                      yes                      no

## ***Complaint section***

What is the nature of the complaint ( Please specify what happened)

.....  
.....  
.....  
.....

Who is this complaint directed at?.....

When did the incident occur? Day of the week:.....Time:.....

Name of witness or co-complainant.....

Address of co-complainant:.....Phone:.....

Any action taken by staff as a direct result of the complaint:.....

.....  
.....

Date:.....Signed:.....

## ***Manager to complete***

Has the complaint been discussed with the above person?                      yes                      no

Is there was a second party, was the cause of the complaint discussed with them?                      yes                      no

What action was taken?.....

.....  
.....

Is the initial person happy with the result?                      yes                      no

Does the complaint require further follow up?                      yes                      no

When is the follow-up to happen by?.....

Date:.....Signed:.....

# Customer Feedback Form

The YMCA views customer feedback as an opportunity for improvement and deems to utilise these events as an opportunity to not only improve the service provided but to build stronger relationships and loyalty with individual customers who have taken the time to let us know how they feel.

## Customer details

Customer Name: .....Date:.....

Day time Phone number:.....Email:.....

Address:.....

Do you wish to be contacted by the Manager to discuss this feedback further?    yes    no

## Feedback section

Which programme is this feedback in relation to?:

OSCAR       FITNESS       STADIUM       ALT ED       ECE

MAPS       CUSTOMER SERVICES       SUPERVISED CONTACT

OTHER  Please state:.....

Please record your feedback:.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Signed:.....Date:.....

## Manager to complete

Has the feedback been discussed with the staff concerned?      Yes      No

Is there any action required from this feedback?      Yes      No

What action was taken?.....  
.....  
.....

Date customer feedback received:      /      /

Written response sent to customer:      Yes      No      Date sent:      /      /

Does the customer require further follow up?      Yes      No      Date to follow up by:      /      /

Signed:.....Date:.....