

**CAPE ST. CLAIRE SWIM CLUB COMPLIMENT/CONCERN/SUGGESTION FORM**

Date Filled Out:	
Name: (REQUIRED)	
Address: (OPTIONAL)	
Email: (PREFERRED)	
Phone: (IF NO EMAIL)	

My Compliment/Concern/Suggestion (CIRCLE ONE) is as follows:

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ARE YOU (check all that apply)	
A MEMBER?	
GUEST?	
DRD STAFF?	
SWIM CLUB STAFF?	
SWIM TEAM ATHLETE?	
SWIM LESSON PARENT?	
Response Requested	
Pool Water Quality	
Pool Deck Cleanliness	
Grounds Cleanliness	
Pool Crowding	
Life Guard Staff	
Gate/Check-In Operation	
Behavior	
Rules	
Other	

Please fill out and put into box at Pool Gate for action or submit to [feedback@capepool.com](mailto:feedback@capepool.com). The form is available at [capepool.com](http://capepool.com). It is important to use this system so that we can respond to your needs and get your information to the proper individual for action. Compliments are always encouraged.

OFFICE USE ONLY	Date received	
	Refer to:	
	Disposition	