



FACILITY CUSTOMER EVALUATION FORM

In an effort to receive feedback on the facilities and services provided by the City of Campbell Community Center, we ask that you please take the time to complete this form and return it to us following your event. Your responses will assist us in providing quality facilities and services to our community in the future.

FACILITY RENTED: _____

DATE: _____

CUSTOMER NAME: _____

EVENT TYPE: _____

	<i>Circle One</i>	
	YES	NO
1. Was the room set-up to your specifications?	YES	NO
2. Was the facility opened promptly at your stated starting time?	YES	NO
3. Did staff introduce themselves to you and explain basic procedures?	YES	NO
4. Did staff explain to you how you could make contact with them during the event?	YES	NO
5. Did staff make periodic contact with you to be sure things were going smoothly?	YES	NO
6. Were the restrooms kept clean and adequately stocked?	YES	NO
7. Were you pleased with the appearance/condition of the facility?	YES	NO
8. Would you recommend our facilities to other potential customers?	YES	NO

On a scale of 1 to 5 (1 being poor and 5 being excellent), rate the following?:

	<i>Circle One</i>				
	1	2	3	4	5
9. Service you received when applying for use in the office?	1	2	3	4	5
10. Service you received during the day of your event?	1	2	3	4	5
11. How would you rate our facility compared to other similar facilities you have visited?	1	2	3	4	5
12. Overall, how would you rate the service and facility?	1	2	3	4	5
13. What recommendations would you make to us in order to help us improve our facilities and services?					

PART 2 – OCBH Thermal Comfort Survey

The City distributes an occupant survey to each OCBH rental customer to measure and ultimately ensure the comfort of the occupants within the facility. This survey will ask critical questions necessary in determining the quality of thermal controls and indoor air quality.

1. Please rate the overall thermal comfort in the Banquet Hall.
(circle one)

-③ -② -① ① ② ③ NOT APPLICABLE
 Very Very
 Dissatisfied Satisfied

OVER →

2. Please rate the thermal comfort in the Banquet Hall during warm or hot weather.
(circle one)

-③ -② -① ① ② ③
 Very Very
 Dissatisfied Satisfied

NOT APPLICABLE

3. Please rate the thermal comfort in the Banquet Hall during cool or cold weather.
(circle one)

-③ -② -① ① ② ③
 Very Very
 Dissatisfied Satisfied

NOT APPLICABLE

4. If you experience thermal discomfort (temperature and humidity), which of the following best describes it?

(check applicable)

- Too much/ too little air movement
- Incoming sunlight heats up space
- Vented air is too hot
- Vented air is too cold
- _____ *(fill in space)* is hotter than other areas
- _____ *(fill in space)* is colder than other areas
- Thermostat is inaccessible or controlled by others
- Other (Please explain below)

5. Please describe any other issues related to your thermal comfort in the Banquet Hall:

6. How satisfied are you with the air quality in the Banquet Hall?
(circle one)

-③ -② -① ① ② ③
 Very Very
 Dissatisfied Satisfied

NOT APPLICABLE

7. If you are dissatisfied with the air quality in the banquet hall, is it...?

(check applicable)

- Stuffy/Stale
- Odorous

8. If the air is odorous, is it due to...?

(check applicable)

- Food
- Flooring/Furniture Systems
- Other (Please explain below)

9. Please provide any other comments about your experience we should know about.

PLEASE RETURN TO THE CAMPBELL COMMUNITY CENTER
1 W. CAMPBELL AVE #C-31
CAMPBELL, CA 95008
or by e-mail to lauras@cityofcampbell.com