

POLICY CS-21
SPECIAL EVENTS POLICY

APPENDIX D – FEEDBACK
QUESTIONNAIRE

Please fill out this questionnaire and return to your Town of Sussex contact within three months of the completion of your event.

Event Details

Name of Event:
Date of Event:
Location of Event:

Service Delivery

1. Using a scale from 1 to 5, where 1 is “poor” and 5 is “excellent”, how well did the Town of Sussex perform as an event partner/supporter on each of the following points:

	Poor			Excellent	
Service delivery (event set-up services – picnic tables, electrical, bleachers, risers, etc.)	1	2	3	4	5
Honouring of commitments by Town of Sussex as outlined in the event agreement	1	2	3	4	5
Quality of interactions with Town of Sussex in general	1	2	3	4	5
Other (specify):	1	2	3	4	5

Feel free to explain your rating on any of the above elements:

2. Overall, what were your expectations of the Town of Sussex as an event partner/supporter? Did we meet your expectations? Why or why not?

3. How could we improve our service delivery to your organization in the future?

Recognition of support

4. Please explain how the Town of Sussex’s support was acknowledged at your event.

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Thank you for your input.