



City of Davis  
Parks & Community Services

Quality Assurance Request Form

Our goal is to provide our customers with high quality recreation programs, events and activities. We take great pride in helping to make your experience with us an enjoyable one. If this was not the case, we want you to please share your concerns and suggestions for improvement with us. If you or your family member attended the entire first class or activity and was not completely satisfied, please complete our Quality Assurance form below **no later than 24 hours after the first class meeting**. Upon receiving the completed form, registration staff will review and process your request.

Quality Assurance refunds or customer credits are not valid for event ticket sales, excursions, one-day specialty programs, sports leagues, daily or seasonal passes, or facility rentals. If you have any questions, or wish to discuss the program in more detail with a Program Supervisor, please call 757-5626.

Today's Date: \_\_\_\_\_ Did the participant attend the entire first day? \_\_\_\_\_

Your Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Individual Enrolled (if different from above): \_\_\_\_\_

Program: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Class Number: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Please provide specific information as to why you or the participant was dissatisfied with the program/ class:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What improvements would you suggest that we implement to improve upon the program/class in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you participated in any Parks & Community Services programs in the past?  YES  NO

**We want to thank you for your feedback, and hope that you will try our programs again in the future!**

**OFFICE USE ONLY:**

Date: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Household Credit  Demand  Credit Card  Cash

Program Account #: \_\_\_\_\_

Clerical Initials: \_\_\_\_\_

Verified participant attended entire first day: \_\_\_\_\_

Approved  Not Approved

Signature of Supervisor: \_\_\_\_\_

Received Date Stamp Here

Comments: \_\_\_\_\_

\_\_\_\_\_