Klarstig

Healthcare & Wellness Event Feedback

FICTIONAL EXAMPLE FOR ILLUSTRATION. NAMES, ADDRESSES AND NUMBERS ARE INVENTED.

Share what worked well and what could be improved. Specific examples help the team decide what to keep and what to change.

Contact and reference

Organization using this document

Maple Street Community Center

Your name or contact reference

Optional. Leave blank if you do not want to identify yourself in this local draft.

Alex Rivera

Email for a reply if needed

alex.rivera@example.com

Information for this document

Activity product or service you experienced *

Operations

Date or period of the experience

November 14, 2026

Overall experience *

Very good

What worked well

The hands-on workshop and the printed checklist we could take home.

What should change *

Check-in was quick and the staff were friendly. Clearer signs to the parking area would help.

An example that explains your feedback

Check-in was quick and the staff were friendly. Clearer signs to the parking area would help.

May the team contact you about this feedback

Yes

Specific details

Event name date and location

Complete when relevant to this request.

November 14, 2026

Event role schedule and practical arrangements

(Free-text answer - not filled in for this example)

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Operations

Practical access scheduling and authorized communication arrangements

Mild peanut allergy. No other conditions or medication to note.

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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