Klarstig

Member Experience Survey

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

Tell us how you experienced the service or activity. Your ratings and comments help identify what is working and what needs attention.

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

Service activity or period being rated *

November 14, 2026

Overall satisfaction *

Satisfied

Clarity of information *

Unclear

Ease of completing what you needed *

Very difficult

Would you recommend this experience *

Yes

Most useful improvement

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

What should stay the same

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

Specific details

Membership period or benefit used

Complete when relevant to this request.

November 14, 2026

Value of benefits communication access and support

Three years sorting donations and running intake at a food pantry. Current first-aid certificate. Comfortable with spreadsheets and speaking with the public.

Operating context

Organization branch or team concerned

Complete when relevant to this request.

Maple Street Community Center

Local requirements and constraints relevant to this document

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

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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