



EVENT FEEDBACK



Thank you for taking the time to share your thoughts with us! Your anonymous feedback will be visible to the committee chair and event leader(s) to use at their discretion. If a safety concern is reported, this feedback will be reviewed by our Safety Committee.

We truly value your input. We invite you to review our blog, [Giving & Receiving Feedback](#). Your feedback helps us continually improve and ensure our members enjoy the best experiences possible.

■ = required field

How would you rate your overall experience attending this event? ■

- ☐ Excellent
- ☐ Above Average
- ☐ Average
- ☐ Below Average
- ☐ Poor

How would you rate the staff and/or volunteers running this event?

- ☐ Excellent
- ☐ Above Average
- ☐ Average
- ☐ Below Average
- ☐ Poor

What areas, if any, did the staff/volunteer(s) do really well? Select all that apply.

- ☐ Logistics: Effectively planning and executing the event/activity.
- ☐ Communication: Clearly conveying information and expectations to participants.
- ☐ Helpfulness: Providing assistance and support to participants.
- ☐ Problem-solving: Addressing challenges and resolving issues effectively.
- ☐ Creating a positive environment: Fostering a welcoming and inclusive atmosphere.

What areas, if any, could the staff/volunteer(s) do better in? Select all that apply.

- ☐ Logistics: Effectively planning and executing the event/activity.
- ☐ Communication: Clearly conveying information and expectations to participants.
- ☐ Helpfulness: Providing assistance and support to participants.
- ☐ Problem-solving: Addressing challenges and resolving issues effectively.
- ☐ Creating a positive environment: Fostering a welcoming and inclusive atmosphere.

Please share why you chose the answers above about the event and leader(s).



What was your favorite part about this event?



What would you have changed about this event?



Did you feel welcomed and included by the leader(s) and the other participants?

- ☐ Yes
- ☐ Somewhat
- ☐ No



Please share why you chose the above answer.



Were there any safety concerns during this event?

Safety concerns include sexual harassment and assault, near-misses or violations of [The Mountaineers member code of ethics and other behavior policies](#).

If yes, your feedback will be sent directly to our Safety Committee. We may contact you if additional information is needed.

- ☐ Yes
- ☒ No

If yes, please describe your safety concerns. Otherwise leave blank.

If you report a safety concern, we'll send a notification to our Safety Committee. It will contain only the information that you provide below. We may contact you if additional information is needed. Please leave this field blank if there were no safety concerns.

Is there anything else that you'd like to share?

SUBMIT