



-UNIVERSITY of NORTH TEXAS-
INTRAMURAL SPORTS
 Suggestion Form



Date: _____	Time: _____
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Please complete this form to let us know how we can better serve you. Feel free to let us know what aspect of the Intramural Program we need to improve upon. We thank you for taking your valuable time to fill this form out. We value your opinion and strive to provide you with the very best service that is possible.

Please describe in detail and give specific examples of the unsatisfactory problem that you incurred:

What actions can we take to correct the situation?:

If you would like to be contacted by our staff regarding your suggestion, please fill out the following:

Name: _____	Telephone #: _____
Local Address: _____	Team Name/League: _____
_____	_____

FOR OFFICE USE ONLY: Date Received: _____	Referred To: _____
Action Taken: _____	