

OOPS Form

Today's Date: _____

Day of event/rental: _____

Customer Name: _____ Cell # _____

Company Name: _____ other phone # _____

Address of event/party: _____

did you call to report problem within first 10 minutes of issues?

Approximate time the issue took place? _____ Time you called to report the issue? _____

was the issue resolved with customer service after reporting the issue?

Phone # you called from when reporting the problem? _____

Email: _____

Inflatable issues: Check all box that apply	Blower issues: Check all box that apply
<input type="checkbox"/> Deflated	<input type="checkbox"/> Does not turn on
<input type="checkbox"/> Ripped	<input type="checkbox"/> Caught Fire
<input type="checkbox"/> Does not hold water	<input type="checkbox"/> Popped GFI/Breaker
<input type="checkbox"/> hose/sprinkler damaged/not work	<input type="checkbox"/> Received water damage
<input type="checkbox"/> Water slide missing sprinkler	<input type="checkbox"/> Other
<input type="checkbox"/> Other	

Generator issues: Check all box that apply	Concession issues: Check all box that apply
<input type="checkbox"/> Ran out of gas	<input type="checkbox"/> Does not turn on
<input type="checkbox"/> Receptacle's not work	<input type="checkbox"/> Turns on but does not work
<input type="checkbox"/> Does not turn on	<input type="checkbox"/> Other
<input type="checkbox"/> Turns on but does not supply power	
<input type="checkbox"/> Other	

Tables/chairs issues:

<input type="checkbox"/> Broken legs
<input type="checkbox"/> other

Delivery issues: Check all box that apply	Double charged/over charged
<input type="checkbox"/> Delivery was late	<input type="checkbox"/> Deposit charged more than 1 time
<input type="checkbox"/> Received partial order	<input type="checkbox"/> Over charged on order
<input type="checkbox"/> Received entirely wrong order	<input type="checkbox"/> Other
<input type="checkbox"/> Did not receive anything	
<input type="checkbox"/> Other	

Other description:

Note: you can scan a copy of form filled out and email to bouncethenslide@gmail.com or take a picture of form filled out and text picture to 623.255.9559