Guest Feedbak form

Date :00/00/000

Because we care and we really like to hear your feedback about your stay with us.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| Front Office Staff |  |  |  |  |
| Restaurant Ambiance |  |  |  |  |
| Restaurant - Food |  |  |  |  |
| Restaurant Staff |  |  |  |  |
| Travel Desk |  |  |  |  |
| House Keeping |  |  |  |  |
| Door Man |  |  |  |  |
| Cleanliness of the Room |  |  |  |  |
| Spa |  |  |  |  |
| Fitness Center |  |  |  |  |
| Business Center |  |  |  |  |
| Overall hotel rating |  |  |  |  |

Any other comments? ...............................................................................................................................

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Room No…………………………….

Name …………………………………