Customer Service Feedback Form

Please tell us the date and location of your visit:

Date: ____

Location (Guestroom/Restaurant): ______________________________________

1. Were you satisfied with the customer service we provided you?

❑ Yes	❑ No	❑ Somewhat

Comments

____

____

____

2. Was our customer service provided to you in an accessible manner?

❑ Yes	❑ No	❑ Somewhat

Comments

____

3. **Did you experience any problems accessing our goods and services?**

❑ Yes	❑ No	❑ Somewhat

Comments

Guest Contact Information (optional)

Name: ____

Phone Number: ____

Email: ____

Best Time of Day to Contact You:___________________________