

RESTAURANT CUSTOMER FEEDBACK FORM

Restaurant Name: _____

Date of Visit: _____
Customer Information:

Full Name: _____

Email Address: _____

Phone Number: _____

Visit Details:

Date and Time of Visit: _____

Number of Guests: _____

Seating Preference: _____

Dining Experience:

Food Quality: _____
 Excellent Good Average Poor Very Poor

Service Quality: _____
 Excellent Good Average Poor Very Poor

Cleanliness: _____
 Excellent Good Average Poor Very Poor

Value for Money: _____
 Excellent Good Average Poor Very Poor

Additional Comments:

Would you recommend our restaurant to others?

Yes No Maybe

Customer Signature

FOR RESTAURANT USE ONLY

Reviewed by: _____

Actions Taken: _____

CUSTOMER'S SIGNATURE

RESTAURANT REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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