

Restaurant Food and Service Feedback Questionnaire

Your Contact Details (Optional)

Name

Email

Food Quality

How would you rate the taste and quality of your meal?

Excellent Good Average Poor

What was your favorite dish?

Service

How would you rate the service?

Excellent Good Average Poor

How long did you wait for your food? (minutes)

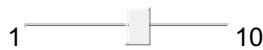
Cleanliness

How would you rate the cleanliness of the restaurant?

Excellent Good Average Poor

Overall Experience

How likely are you to recommend us to others?



Additional Comments or Suggestions