

Bathroom Plumbing Issue Report

Hotel Room

Room Number

e.g., 305

Guest Name (if applicable)

Date Reported

Plumbing Issue Type

Select issue

Description of Issue

Describe the problem in detail...

Reported By

Staff name

Contact Info (optional)

Phone or email

Action Taken

Maintenance Staff

Date Resolved

Reported By (Signature)

Maintenance Staff Signature

Date

