

Restaurant Customer Feedback Questionnaire

Name (Optional):

Email (Optional):

How would you rate your overall experience?

- Excellent
- Good
- Average
- Poor

How would you rate the quality of the food?

- Excellent
- Good
- Average
- Poor

How would you rate the service?

- Excellent
- Good
- Average
- Poor

Was this your first visit?

 ▼

Additional Comments: