

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: