

Hospitality Check-In/Check-Out Feedback Form

Full Name

Room Number

Date of Check-In

Date of Check-Out

Check-In Experience

How would you rate your check-in process?

Additional comments on check-in:

Check-Out Experience

How would you rate your check-out process?

Additional comments on check-out:

General Feedback

Overall, how satisfied were you with your stay?

Suggestions for improvement: