

# Guest Dining Experience Feedback Form

Name (optional)

Email (optional)

Date of Visit

Meal

Food Quality

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Service

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Ambience

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Cleanliness

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Additional Comments or Suggestions