

Post-Stay Feedback Form

Name (optional)

Room Number

Stay Dates

MM/DD/YYYY - MM/DD/YYYY

Overall Satisfaction

1 2 3 4 5

Cleanliness

Select rating

Staff Service

Select rating

Room Comfort

Select rating

Hotel Amenities

Select rating

How can we improve?

What did you like most about your stay?

Would you recommend us to others?

Select an option

May we contact you for follow-up?

Select an option

Thank you for your feedback!