

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!