

Premium Resort

Service Recovery Action Plan

Incident Summary

| | |
|---------------------|-------|
| Date | _____ |
| Location/Department | _____ |
| Guest Name | _____ |
| Staff Involved | _____ |
| Brief Description | _____ |

Root Cause Analysis

- _____
- _____

Immediate Recovery Actions

- _____
- _____

Long-Term Preventive Measures

- _____
- _____

Guest Communication Plan

- Apology Delivered: ☐ Yes ☐ No
- Compensation/Resolution Offered: _____
- Follow-up Required: ☐ Yes ☐ No

Staff Signature

Manager Approval