

Guest Room Service Evaluation Form

Guest Name

Room Number

Date of Service

Timeliness of Service

- 1
- 2
- 3
- 4
- 5

Cleanliness of Room

- 1
- 2
- 3
- 4
- 5

Staff Friendliness

- 1
- 2
- 3
- 4
- 5

Overall Experience

- 1
- 2
- 3
- 4
- 5

Additional Comments