

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