

Restaurant Guest Feedback and Complaint Log

Date	Time	Guest Name (if provided)	Contact Info	Table/Order No.	Type (Feedback or Complaint)	Details	Action Taken	Staff Initials
<input type="text"/>	<input type="text"/>	<input type="text"/> Name	<input type="text"/> Phone/Email	<input type="text"/> Table/Order No.	<input type="text"/> Feedback/Complaint	<input type="text"/> Description	<input type="text"/> Action taken	<input type="text"/> Staff
<input type="text"/>	<input type="text"/>	<input type="text"/> Name	<input type="text"/> Phone/Email	<input type="text"/> Table/Order No.	<input type="text"/> Feedback/Complaint	<input type="text"/> Description	<input type="text"/> Action taken	<input type="text"/> Staff