

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" value="Name"/>	<input type="text" value="Phone/Email"/>	<input type="text" value="Table/Order No."/>	<input type="text" value="Feedback/Complaint"/>	<input type="text" value="Description"/>	<input type="text" value="Action taken"/>	<input type="text" value="Staff"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Name"/>	<input type="text" value="Phone/Email"/>	<input type="text" value="Table/Order No."/>	<input type="text" value="Feedback/Complaint"/>	<input type="text" value="Description"/>	<input type="text" value="Action taken"/>	<input type="text" value="Staff"/>