**Customer / Guest Feedback/Questionnaire**

**Getting things right for you is an important part of what we do – and we would like to get feedback about your experience with us.**

**Please fill in the relevant sections below– this will help us serve you better.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| **Food and Beverage**  |  |  |  |  |
| Quality of meals |  |  |  |  |
| Variety of meals  |  |  |  |  |
| Restaurant ambience |  |  |  |  |
| Staff courtesy |  |  |  |  |
| Staff response  |  |  |  |  |
| Cleanliness  |  |  |  |  |
| **Accommodation** |  |  |  |  |
| Check in/check out |  |  |  |  |
| Cleanliness of the Room |  |  |  |  |
| Staff Courtesy |  |  |  |  |
| Room Size |  |  |  |  |
| Comfort  |  |  |  |  |
| **Service Timelines** | **0-5 mins** | **5-10 mins** | **10-15 mins** | **Over 15 mins** |
| How fast were you served |  |  |  |  |
| Additional information……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………........................................................................................................................................................................................................................................ |