**Guest Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | |
| Room Number(s): |  | |  | |  | |
| Date of Stay: | From: | (DD/MM/YYYY) | | To: | | (DD/MM/YYYY) |
| Phone Number: |  | | Email Address: | |  | |

**Feedback Sections**

**1. Reservation Process**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How would you rate the reservation process? | Excellent | Good | Average | Poor | Very Poor |
| **Comments:** |  | | | | |
|  | | | | |

**2. Check-In Experience**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How was your check-in experience? | Excellent | Good | Average | Poor | Very Poor |
| **Comments:** |  | | | | |
|  | | | | |

**3. Room Cleanliness and Comfort**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How satisfied are you with the cleanliness and comfort of your room? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **Comments:** |  | | | | |
|  | | | | |

**4. Staff Friendliness and Professionalism**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How would you rate the friendliness and professionalism of the hotel staff? | Excellent | Good | Average | Poor | Very Poor |
| **Comments:** |  | | | | |
|  | | | | |

**5. Food and Beverage Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How would you rate the food and beverage services? | Excellent | Good | Average | Poor | Very Poor |
| **Comments:** |  | | | | |
|  | | | | |

**6. Hotel Amenities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How satisfied are you with the hotel amenities (e.g., pool, gym, and spa)? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **Comments:** |  | | | | |
|  | | | | |

**7. Overall Experience**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overall, how satisfied are you with your stay at our hotel? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **Comments:** |  | | | | |
|  | | | | |

**8. Suggestions for Improvement**

**Please provide any suggestions you have for improving our services:**

|  |
| --- |
|  |
|  |
|  |

**Additional Comments**

**Any additional comments or feedback:**

|  |
| --- |
|  |
|  |
|  |

**Signature**

**Guest Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY)

Thank you for your valuable feedback!

Your input helps us improve our services and ensure a pleasant experience for all our guests.