**Customer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Date of Visit: | (DD/MM/YYYY) | Time of Visit: | [oo:oo] |
| Phone Number: |  | Email Address: |  |

**Feedback Sections**

**1. Reservation Experience**

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

**2. Arrival and Seating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How satisfied are you with the arrival and seating process? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **Comments:** |  | | | | |
|  | | | | |
|  | | | | |

**3. Service Quality**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How would you rate the quality of service provided by the staff? | Excellent | Good | Average | Poor | Very Poor |
| **Comments:** |  | | | | |
|  | | | | |
|  | | | | |

**4. Food Quality**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How would you rate the quality of the food? | Excellent | Good | Average | Poor | Very Poor |
| **Comments:** |  | | | | |
|  | | | | |

**5. Menu Variety**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How satisfied are you with the variety of items on the menu? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **Comments:** |  | | | | |
|  | | | | |
|  | | | | |

**6. Cleanliness and Ambiance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How would you rate the cleanliness and ambiance of the restaurant? | Excellent | Good | Average | Poor | Very Poor |
| **Comments:** |  | | | | |
|  | | | | |
|  | | | | |

**7. Value for Money**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How satisfied are you with the value for money of your meal? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **Comments:** |  | | | | |
|  | | | | |
|  | | | | |

**8. Overall Experience**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overall, how satisfied are you with your dining experience? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **Comments:** |  | | | | |
|  | | | | |
|  | | | | |

**9. Suggestions for Improvement**

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

|  |
| --- |
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|  |

**Additional Comments**

**Any additional comments or feedback:**

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| --- |
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|  |
|  |

**Signature**

**Customer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Thank you for your valuable feedback! Your input helps us improve our services and ensure a pleasant dining experience for all our customers.**