**[Restaurant Name]**

[Address CITY ST Zip Code], Tel: (00) 1234 5678 Fax: (00) 1234 5678 Email: emailaddress@email.com

**Feedback Card**

# How Are We Doing?

We are committed to providing you with the best dining experience possible, so we welcome your comments. Please fill out this questionnaire and place it in the box in our lobby. Thank you.

|  |  |
| --- | --- |
| Customer Name: | [Write Customer Name Here] |
| Address: | [Write Address Here] |
| Email/Phone | [Write Here] |
| Account: | [Write Here] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| 1. Please rate the quality of the service you received from your host. |  |  |  |  |
| 1. Please rate the quality of the service you received from your server. |  |  |  |  |
| 1. Please rate the quality of your entree. |  |  |  |  |
| 1. Please rate the quality of your beverage. |  |  |  |  |
| 1. Was our restaurant clean? |  |  |  |  |
| 1. Please rate your overall dining experience. |  |  |  |  |
| 1. How would you like to recommend us to others? |  |  |  |  |

## Was your server…

Courteous?  Yes |  No

|  |
| --- |
| Would you recommend our restaurant to a friend? |
| Yes |  No |

Informative?  Yes |  No

Prompt and efficient?  Yes |  No

## How frequently do you visit our restaurant?

3-5 times per month  1-2 times per month

Once every 2 months  Other

## Do you plan to return to our restaurant?

Yes |  No

Why, or why not?

|  |
| --- |
|  |
|  |

|  |
| --- |
| If your visit was to celebrate a special occasion, how might we have made it more memorable? |
|  |
|  |
| What dish did you order? |
|  |
|  |
| What dishes would you like added to our menu? |
|  |
|  |
| Please share any additional comments or suggestions. |
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|  |

Signature Date: September 25, 2019

### [RESTAURANT NAME]

[Address]  
City, ST ZIP Code

[Phone]

[Website]