

Guest Room - Feedback Form

Room Number - ____ Check In Date - __/__/__ Check Out Date - __/__/__

Name Of Guest - _____

Contact Number - _____ Email ID - _____

Name of Host Club - _____

	Average	Good	Excellent
Ambience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed Linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath Linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping & Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Quality Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of Staffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Quality & Room Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*. Other -

1. Amenities used in the club -

2. Any Special request made?

3. Was it fulfilled? - Yes No

4. Comments if any

5. Observations if any

6. Suggestion if any

7. Overall Experience

Member / Guest Signature:- _____