

FEEDBACK FORM - HOTEL DINING

We would appreciate you taking the time to complete the following feedback form. Please circle selections.

Name of Venue: _____

FOOD

Portion size

Too small Too Large Just right

Flavour

Needs Improvement Average Good Excellent

Presentation

Needs Improvement Average Good Excellent

Value for money

Needs Improvement Average Good Excellent

Choice

Needs Improvement Average Good Excellent

Freshness

Needs Improvement Average Good Excellent

SERVICE

Friendly

Needs Improvement Average Good Excellent

Professional

Needs Improvement Average Good Excellent

Explanation of menu

Needs Improvement Average Good Excellent

Time taken to be served

Needs Improvement Average Good Excellent

Account settlement

Needs Improvement Average Good Excellent

VENUE

Atmosphere

Needs Improvement Average Good Excellent

Cleanliness of Venue

Needs Improvement Average Good Excellent

Staff presentation

Needs Improvement Average Good Excellent

Other comments:

Your name:

Contact Phone No:

NB. Information collected is for the purpose of verifying Voting. Personal information is not retained.

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