

Special Functions Feedback Form

Event Name: _____ Event Date: _____

Contact Name: _____ Reservation No: _____

Your satisfaction is important to us.
Please take a moment to provide us with feedback on the service you received at your recent event.

1. Food & Beverages

Excellent Good Fair Poor Not
Applicable

Quality of food & beverages provided

Food & beverage presentation

Accuracy of order (did you receive what you ordered?)

Delivery & set-up (was your order delivered/set-up in time for your guests?)

Service accompaniments provided (plates, glassware, cutlery, etc.)

Comments: _____

2. Customer Service

Excellent Good Fair Poor Not
Applicable

Quality of service provided by Special Functions staff (making reservations, etc.)

Quality of service provided by Food Services staff (at event)

Response to special requests (were staff accommodating?)

Comments: _____

3. Value

Yes No Not
Applicable

Do you feel that you received good value for your catering order?

Comments: _____

4. If other services were provided, please comment:

Excellent Good Fair Poor Not
Applicable

Quality of audio-visual services

Meeting room set-up (did the room meet your needs, was it clean, etc.)

Comments: _____

5. How may we serve you better?

6. Would you like a call back? Yes No If yes, phone number: _____

Please return this form, along with any additional comments, to the Special Functions Department.

Thank You!

Special Functions • Room 230 University Centre • Winnipeg, MB • R3T 2N2

