

**FEEDBACK FORM - RESTAURANT**

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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