

## 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

