



CAFÉ CUSTOMER FEEDBACK FORM

NAME: -

EMAIL: -

PLEASE CIRCLE A NUMBER TO RATE US (WERE 1 IS POOR AND 5 IS EXCELLENT)

SERVICE	1	2	3	4	5
STAFF FRIENDLINESS	1	2	3	4	5
FOOD QUALITY	1	2	3	4	5
COFFEE QUALITY	1	2	3	4	5
ATMOSPHERE	1	2	3	4	5
VALUE FOR MONEY	1	2	3	4	5
CLEANLINESS	1	2	3	4	5

What did you like about us? _____

How often have you visited us? _____

How did you hear about us? _____

Could your experience have been better? _____

If yes, how? _____

Comments on your experience at our venue:-
