

Creative Restaurant Feedback Form

Customer Information:

Field	Details
Name	_____
Visit Date	_____
Table Number	_____
Server Name	_____

Food Quality:

Rating	Details
Rate the quality (1-5)	_____
Comments	_____

Service Quality:

Rating	Details
Rate the quality (1-5)	_____
Comments	_____

Cleanliness:

Rating	Details
Rate the cleanliness (1-5)	_____
Comments	_____

Overall Experience:

Rating	Details
Rate your experience (1-5)	_____
Comments	_____

Suggestions for Improvement:

Contact Information (optional):

Field	Details
Phone Number	_____
Email	_____