
Hotel Feedback Form Questions

Guest Information

- Name: _____
- Room Number: _____
- Date of Stay: _____
- Email Address: _____

Overall Experience

- How would you rate your overall experience? (Please check one)
 - Excellent
 - Good
 - Average
 - Poor

Room Quality

- How would you rate the cleanliness of your room? (Please check one)
 - Excellent
 - Good
 - Average
 - Poor
- Comments on room cleanliness:

- Was your room comfortable? (Please check one)
 - Yes
 - No

- **Comments on room comfort:**
-

Staff and Service

- **How would you rate the friendliness and professionalism of our staff?**
(Please check one)
 - **Excellent**
 - **Good**
 - **Average**
 - **Poor**
 - **Were your requests handled promptly and effectively? (Please check one)**
 - **Yes**
 - **No**
 - **Comments on staff and service:**
-

Amenities

- **Please rate the quality of the following amenities:**

Amenity	Excellent	Good	Average	Poor
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internet/Wi-Fi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dining Experience

- How would you rate your dining experience? (Please check one)
 - Excellent
 - Good
 - Average
 - Poor
- Comments on dining experience:

- Did you use room service? (Please check one)
 - Yes
 - No
- Comments on room service:

Additional Feedback

- What did you enjoy most about your stay?

- **What could we improve?**

- **Would you recommend our hotel to others? (Please check one)**
 - **Yes**
 - **No**
- **Any other comments or suggestions:**

Contact Preference

- **May we contact you regarding your feedback? (Please check one)**
 - **Yes**
 - **No**