

# Hotel Feedback Form Word

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## Guest Information:

- Name: \_\_\_\_\_
- Room Number: \_\_\_\_\_
- Date of Stay: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Feedback Questions:

1. How would you rate the overall cleanliness of your room?

- Excellent  Good  Fair  Poor

2. How would you rate the quality of our customer service?

- Excellent  Good  Fair  Poor

3. How would you rate the amenities provided by the hotel?

- Excellent  Good  Fair  Poor

4. How would you rate the comfort of your bed?

- Excellent  Good  Fair  Poor

5. How satisfied were you with the dining options?

- Very Satisfied  Satisfied  Neutral  Unsatisfied

6. Was there anything you were dissatisfied with during your stay?

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**7. Additional Comments:**

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**8. Would you recommend our hotel to others?**

- Yes  No

**Signature:**

- **Guest Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_