

Restaurant Feedback Form Download

Customer Information:

- Name: _____
- Visit Date: _____
- Table Number: _____
- Server Name: _____

Food Quality:

- Rate the quality of food (1-5): _____
- Comments: _____

Service Quality:

- Rate the quality of service (1-5): _____
- Comments: _____

Cleanliness:

- Rate the cleanliness of the restaurant (1-5): _____
- Comments: _____

Overall Experience:

- Rate your overall experience (1-5): _____
- Comments: _____

Suggestions for Improvement:

Contact Information (optional):

- **Phone Number:** _____
- **Email:** _____