

Restaurant Feedback Form Word

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: _____