**Restaurant Customer Service Form**

**Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Server Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Table Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Rating:**

* **Quality of Food: ( ) Excellent ( ) Good ( ) Fair ( ) Poor**
* **Friendliness of Staff: ( ) Excellent ( ) Good ( ) Fair ( ) Poor**
* **Cleanliness: ( ) Excellent ( ) Good ( ) Fair ( ) Poor**
* **Overall Experience: ( ) Excellent ( ) Good ( ) Fair ( ) Poor**

**Comments:  
Please provide any suggestions or feedback:**

| **Issue Reported** | **Date** | **Action Taken** | **Resolved (Yes/No)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Would you visit us again? ( ) Yes ( ) No  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**