**Food Service Evaluation Form**

**Customer Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Location:**

**Please rate your experience in the following areas:**

1. **Food Quality: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Menu Options: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**
3. **Cleanliness of Facilities: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**
4. **Staff Attitude: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**
5. **Overall Satisfaction: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**

**Table for Further Insights:**

| **Service Area** | **Rating (1-5)** | **Comments** | **Suggested Improvements** |
| --- | --- | --- | --- |
| **Meal Quality** |  |  |  |
| **Cleanliness** |  |  |  |
| **Speed of Service** |  |  |  |
| **Staff Courtesy** |  |  |  |

**Would you dine with us again?  
Yes [ ]**

**No [ ]**

**Any Suggestions for Future Improvements?**