

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?
