

# 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:

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Issue Reported	Date	Action Taken	Resolved (Yes/No)

Would you visit us again? ( ) Yes ( ) No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_