

Restaurant Customer Review Form

Basic Information

- Restaurant Name: _____
- Visit Date: _____
- Meal Time (Breakfast/Lunch/Dinner): _____

Rate Your Experience

Aspect	Rating (1-5)	Comments
Food Quality		
Service Quality		
Ambiance		
Cleanliness		
Value for Money		
Menu Variety		
Staff Friendliness		

Overall Impression

- Highlight Your Favorite Moment: _____
- Areas That Need Improvement: _____

Customer Information (Optional)

- Name: _____
- Contact Number: _____