

Hotel Complaint Register Form PDF

Hotel Name: _____

Location: _____

Date of Complaint: _____

Guest Name: _____

Room Number: _____

Phone Number: _____

Email: _____

Complaint Type

- Category: (☐ Maintenance ☐ Service ☐ Billing ☐ Food & Beverage ☐ Security ☐ Other)
- Issue Description:

Immediate Action Taken

- Action by Hotel Staff: _____
- Complaint Escalated to Manager? (☐ Yes ☐ No)
- Response Given to Guest: _____
- Timeframe for Resolution: _____

Guest Feedback on Resolution

- Was the complaint resolved satisfactorily? (☐ Yes ☐ No)
- Additional Comments:

Guest Signature: _____

Date: _____

Hotel Staff Signature: _____

Resolution Date: _____