

# Hotel Complaint Report Form

Hotel Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Complaint ID: \_\_\_\_\_

## Guest Details

- Full Name: \_\_\_\_\_
- Room Number: \_\_\_\_\_
- Stay Duration: \_\_\_\_\_

## Complaint Description

- Nature of Issue:

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- Was the guest offered an alternative solution? (  Yes  No )
- Was compensation provided? (  Yes  No )

## Staff Handling Complaint

- Employee Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- Action Taken: \_\_\_\_\_

## Final Resolution

- Resolution Date: \_\_\_\_\_
- Final Status: (  Resolved  Escalated  Pending )

- Guest Notified? (  Yes  No )

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

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