

Hotel Guest Complaint Form

Hotel Name: _____

Hotel Address: _____

Date of Complaint: _____

Complaint Reference Number: _____

Guest Information

- Full Name: _____
- Room Number: _____
- Check-In Date: _____
- Check-Out Date: _____
- Phone Number: _____
- Email Address: _____

Nature of Complaint

- Room Cleanliness
- Staff Behavior
- Noise Disturbance
- Billing Issues
- Food Quality
- Security Concerns
- Other (Specify): _____

Details of the Complaint

Description of Issue:

Action Taken by Guest (if any)

- Informed Hotel Reception
- Spoke to Hotel Manager
- Submitted a Written Complaint
- Other: _____

Preferred Resolution

- Refund
- Room Change
- Service Improvement
- Apology from Management
- Other: _____

Guest Signature: _____

Date: _____

For Official Use Only

Hotel Staff Handling the Complaint: _____

Action Taken: _____

Resolution Date: _____