## **Restaurant Customer Feedback Survey**

Customer Information
Name
Email
Date of Visit
District Formation as
Dining Experience
How did you hear about us?
How would you rate the following?
How would you rate the following? Food Quality
C Excellent C Good C Average C Poor
Service  Excellent Good Average Poor
Cleanliness  Excellent Good Average Poor
Value for Money  © Excellent © Good © Average © Poor
Which meal did you have?
Breakfast Lunch Dinner Other
What did you like most about your experience?
Any suggestions for improvement?
Would you recommend our restaurant to others?  Yes No