

Event Catering Service Feedback Form

Your Name

Email Address

Contact Number

Event Name/Type

Event Date

Quality of Food

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Service Staff

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Presentation

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Overall Satisfaction

Additional Comments / Suggestions

Submit