

Survey: Good Example

GUEST COMMENTS

Date of Visit: _____ Time: _____

What would you like? _____

YOUR FEEDBACK

How was your food? 😊 😐 ☹️

Was your order right? 😊 😐 ☹️

Were we fast enough? 😊 😐 ☹️

Were we friendly? 😊 😐 ☹️

How did we look? 😊 😐 ☹️

Were we clean? 😊 😐 ☹️

Will you return? 😊 😐 ☹️

To enable us to promptly respond to your evaluation, please include your name, address and phone number.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

