



GUEST HOUSE FEEDBACK FORM

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

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

Room No : \_\_\_\_\_

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

Check in Experience	Excellent	Good	Fair	Poor
Cleanliness				
House-keeping				
Staff Service				
Amenities				
Overall Ratings				

Other Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the Guest