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## ACORN HOTEL FEEDBACK FORM

Customer name: \_\_\_\_\_

Room number: \_\_\_\_\_

Please indicate how much you enjoyed your stay overall:

☐ not at all    ☐ It was OK.    ☐ quite a lot    ☐ very much

Please tell us what you liked about your stay:

\_\_\_\_\_

Please tell us what you would change or improve about your stay:

\_\_\_\_\_

Which of the following reflect your check-out experience?

The bill was correct. / incorrect. \_\_\_\_\_

Staff were helpful. / unhelpful. \_\_\_\_\_

It was quick and easy. / slow and complicated. \_\_\_\_\_

Other (please specify). \_\_\_\_\_

Would you consider a return visit to our hotel?

☐ yes

☐ no

☐ maybe

Would you recommend our hotel to friends or family?

☐ yes

☐ no

☐ maybe

*Thank you very much for your valuable suggestions and comments.*