

WE WOULD LIKE TO KNOW

I am travelling for Business Pleasure

I decided to stay at this hotel because: Highway sign Previous Experience with your hotel

Advertising Discount offer

How many days a year do you stay in a hotel?

Did our hotel meet any special needs you may have had?

(ie. Visual, hearing or physical Impairment?):

Yes No

FRONT DESK

Was your reservation handled correctly:

Yes No

Was your check-in / check-out handled satisfactory:

Yes No

Was the staff friendly, helpful, and courteous?

Yes No

GUEST ROOM

Did the cleanliness meet your standards?

Yes No

Was everything to your satisfaction & in working order?

Linen/Towels

Yes No

TV/Radio

Yes No

Lighting

Yes No

Air Conditioning/Heating

Yes No

Plumbing

Yes No

Mattress/Pillows

Yes No

Telephone

Yes No

Carpeting/Draperies

Yes No

Restaurant / Lounge

Yes No

RESTAURANT / LOUNGE

Was your meal to your expectations?

Food Quality

Yes No

Beverage Quality

Yes No

Service

Yes No

Cleanliness

Yes No

Would you stay with us again

Yes No

Room# _____ Date: _____

To receive a personal response to your comments, please fill in the below:

Name: _____

Address: _____

City: _____

Province/State: _____

Postal Code/Zip Code: _____

Email: _____

COMMENTS & SUGGESTIONS

Please ask our front desk if you would like to see a copy of any of our customer service policies.