

Rosa's Restaurant

Customer Feedback Form

We aim to please and impress our customers with great service and products on every visit. Your views and ideas are important to us, so please let us know what we do well or can do better.

Which of the following did you have today?

Starter	<input type="checkbox"/>	Main course	<input type="checkbox"/>	Dessert	<input type="checkbox"/>
Wine	<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Other drink	<input type="checkbox"/>

	Fantastic	Good	OK	Disappointing	Poor	Don't know/ No reply
How would you rate your service today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate your food today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate your drinks today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many adults over 16 were in your party?

How many of your party were children under 16?

How much was the total cost of the bill?

(£)

What was the date of your visit?

(DD : MM : YY)

What time did you arrive at Rosa's?

(HH : MM)

Will you be coming to Rosa's again?

(Yes, No, Don't Know)

What other comments do you have about your visit today, if any?

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Which local restaurants have you visited recently?

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Which age bracket applies to you?

(16-29, 30-49 or 50+)