

Guest Complaint Form

Espera Suites

Guest Information:

Field	Details
Guest Name	_____
Room Number	_____
Contact Number	_____
Email Address	_____
Check-in Date	_____
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In-person Follow-up

Complaint Details:

Field	Details
Date of Incident	_____
Time of Incident	_____
Location (e.g., room, restaurant, spa)	_____
Staff Member(s) Involved (if known)	_____

Nature of Complaint (please check one or more):

- Room Cleanliness
- Staff Behavior
- Facilities (e.g., pool, gym)
- Restaurant / Dining
- Noise / Disturbance
- Billing / Charges
- Maintenance Issue

- Reservation / Check-in
 Other: _____

Description of the Issue:

(Please describe the complaint in detail)

Desired Resolution / Action:

(Optional – How would you like us to address this issue?)

For Internal Use Only:

Field	Details
Received By (Staff Name)	_____
Date Received	_____
Action Taken / Notes	_____
Department Notified	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Front Office <input type="checkbox"/> F&B <input type="checkbox"/> Maintenance <input type="checkbox"/> Other
Follow-Up Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

Field

Details

Manager Signature

Thank you for bringing this to our attention.

We value your feedback and are committed to resolving any issues promptly and professionally.
