



Guest Satisfaction Survey

We value your impressions; please assist us by evaluating your dining experience.

Name

E-mail

Telephone

Address

Which date did you visit us?

How many guests were in your party?

Who was your waiter?

How did you hear about Bistro Felix?

Was this your first visit to the restaurant? Yes No

If not, when was the last time you were in?

For the following questions, 1 is poor and 5 is outstanding.
(Please also make any comments that you feel are appropriate.)

Overall, how did you enjoy your evening? 1 2 3 4 5

Comment

Please rate the food. 1 2 3 4 5

Comment

How was the wine list? 1 2 3 4 5

Comment

Your waiter? 1 2 3 4 5

Comment

The rest of the service staff? 1 2 3 4 5

Comment

Do you plan to join us again in the future? Yes No

If not, please share your reasons(s):

How could we have improved your experience?

Please fax your survey to (08) 9388 3035

Thank you very much for your assistance.