FOOD COMPLAINT FORM

Room No :		**Customers name :**	
C/in :		**Adress:**	
C/out :			
Date of complaint :		**Time of complaint :**	
Complaint details :			
Any injury (Y/N) :	Type of complaint	Complaint details	Action taken by Hotel
Organoleptic Quality	Flavour		
	Odour		
	Colour		
	Texture		
	Temperature		
Safety Quality	Microbiological		
	Chemical		
	Type of foreign material		
	Foreign material found by		
	Foreign material found in		
Other (give details) :			
Details of food :			
Name / Type of food			
Made on site (Y/N)			
Product bought in (Y/N)			
Best before date and production No			
Manufacturer of food			
Supplier of food			
Action taken by Hotel :			

Report completed by :	**Signature :**
Date :	