Guest Complaint Form

Lyo Luxury Suites

Guest Name Room Number Contact Number Email Address Check-in Date Preferred Contact Method Phone Email 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	Guest Information:		
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□ Room Cleanliness □ Staff Behavior □ Facilities (e.g., pool, gym) □ Restaurant / Dining □ Noise / Disturbance □ Billing / Charges	Staff Member(s) Involved	(if known)	
□ Restaurant / Dining □ Noise / Disturbance □ Billing / Charges	☐ Room Cleanliness	ease check one or more):	
□ Noise / Disturbance □ Billing / Charges		rm)	
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☐ Reservation / Check-	in	
☐ Other:		
Description of the Issu	ıe:	
(Please describe the co	emplaint in detail)	
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		_
Desired Resolution / A	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	\Box Housekeeping \Box Front Office \Box F&B \Box Maintenance \Box Other	
Follow-Up Conducted	□ Yes □ No Date:	

Field	Details
Manager Signature	
,	g this to our attention.
we value your feedbac professionally.	k and are committed to resolving any issues promptly and