

Guest Complaint Form

Lyo Luxury 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

☐ Housekeeping ☐ Front Office ☐ F&B ☐ Maintenance ☐ Other

Follow-Up Conducted

☐ Yes ☐ 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.
