THE GUEST EXPERIENCE REPORT

Use this form to document guest feedback, impressions, and opportunities for improvement.

Property: _____

Date: _____

OVERALL IMPRESSION

■ Excellent ■ Good ■ Fair ■ Needs Work

- **First Impressions (smell, entry, lighting):** _____
- **Guest Compliments / Positive Mentions:** _____
- **Guest Concerns or Issues Mentioned:** _____

ESSENTIALS CHECK

☐ All essentials present ☐ Missing items noted below

MISSING: _____

_____

Improvements Before Next Stay: _____

Verified By: _____

Signature: _____