

# General Visitor Feedback Survey Form

Thank you for visiting us! Please take a moment to fill out this feedback form. Since this is a printed form, please write your answers clearly in the spaces provided.

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## 1. Visitor Information

Full Name:

Date of Visit (DD/MM/YYYY):

Email Address:

Phone Number:

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## 2. Your Experience

What was the primary purpose of your visit?

Overall Satisfaction (Rate from 1 to 5, where 5 is Excellent):

Staff Helpfulness and Friendliness (Rate from 1 to 5):

Cleanliness and Maintenance of Facilities (Rate from 1 to 5):

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## 3. Comments and Suggestions

What did you enjoy most about your visit?

What areas or services do you think we can improve?

Any other comments, questions, or concerns?

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Thank you for your valuable feedback. Please drop this form in the designated feedback box before you leave.