

# Flight and Airline Service Evaluation Sheet

Thank you for choosing our airline. Please take a moment to evaluate your flight experience. You can print this sheet to fill it out by hand, or complete it digitally.

## 1. Flight and Passenger Information

Passenger Name:	<input type="text"/>
Flight Number:	<input type="text"/>
Date of Travel:	<input type="text" value="DD/MM/YYYY"/>
Route (From - To):	<input type="text"/>
Seat Number:	<input type="text"/>

## 2. Ground and Airport Services

Please rate the following services from 1 (Poor) to 5 (Excellent) in the box provided.

Service Category	Rating (1-5)	Comments / Specific Feedback
Check-in Process & Efficiency	<input type="text"/>	<input type="text"/>
Baggage Handling & Drop-off	<input type="text"/>	<input type="text"/>
Boarding Gate Experience	<input type="text"/>	<input type="text"/>
Lounge Facilities (if applicable)	<input type="text"/>	<input type="text"/>

## 3. In-Flight Experience

Please rate the following services from 1 (Poor) to 5 (Excellent) in the box provided.

Service Category	Rating (1-5)	Comments / Specific Feedback
Cabin Cleanliness and Comfort	<input type="text"/>	<input type="text"/>
Seat Comfort and Legroom	<input type="text"/>	<input type="text"/>
Cabin Crew Professionalism & Friendliness	<input type="text"/>	<input type="text"/>
In-Flight Meals & Beverage Service	<input type="text"/>	<input type="text"/>
In-Flight Entertainment & Wi-Fi	<input type="text"/>	<input type="text"/>

## 4. Overall Satisfaction & Recommendations

Overall Flight Rating (1 to 10):	<input type="text"/>
Would you recommend our airline to others? (Yes / No):	<input type="text"/>
What did you enjoy most about this flight?	<input type="text"/>
Areas where we can improve:	<input type="text"/>
Additional Comments:	<input type="text"/>

**Thank you for your valuable feedback. Safe travels!**