

MOTEL COMPLAINT FORM

EMPLOYEE NAME: _____

DATE: _____

TIME: _____

ROOM NUMBER: _____

MOTEL EMPLOYEE CONTACTED: _____

BED MADE	YES	NO
CLEAN SHEETS	YES	NO
ROOM CLEAN	YES	NO
FLOOR VACUUMED	YES	NO
HOT WATER	YES	NO
CLEAN TOWELS	YES	NO
BATHROOM CLEAN	YES	NO

COMPLAINT:
