



ONE KING WEST HOTEL • RESIDENCE

Please take a moment to fill out the form below and submit it to us:

By Fax: 416-548-8101 By Mail: One King West Hotel & Residence 1 King Street West Toronto, ON M5H 1A1

Kindly provide the following information, which we will keep confidential:

Name: Suite #: Phone: First Date of your stay: E-mail: Duration of your stay: Address: City: Province/State: Zip/Postal Code: Would you like to receive additional information about hotel specials and promotions via email? Yes No Email:

Accommodations

1. How did you hear about our hotel?

Online Search (e.g. Google, Yahoo) Wholesale Website (Expedia.com, Hotels.com) Travel Agency Company Travel Program Event at One King West Newspaper Magazine Friend/Colleague Referral Other:

2. How did you make your reservation?

Called Hotel Directly www.onekingwest.com Travel Agency Web (Expedia/Travelocity) Other:

3. What was the purpose for your visit?

Business Conference Leisure Wedding Other:

4. How would you rate the following departments in terms of efficiency and attention to detail?

Please also provide the name(s) of the staff whom you thought provided exceptional service or whom you thought was unsatisfactory in the comment field.

Table with 5 columns: Department, Excellent, Good, Satisfactory, Poor, N/A. Rows include Reservations/Switchboard, Bell, Valet, Front Desk, Lobby Bar, Bistro on King, Banquets, Room Service, Housekeeping, Security.

5. Did you feel recognized as an important guest in the hotel?

- Yes  No

Please check off the departments that referred to you by name.

- Reservations/Switchboard  Front Desk  Room Service  
 Lobby Bar  Bistro on King  Housekeeping  Security  
 Bell  Valet  Banquets

6. Was your suite ready upon check in?

- Yes  No

If no, what time did you check in?

- AM .....  PM .....

7. What did you think of your suite?

	Excellent	Good	Satisfactory	Poor	N/A
Appearance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of in-suite amenities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: .....

8. How would you rate the furnishings in your suite?

- Excellent  Good  Satisfactory  Poor  N/A

Comment: .....

9. How would you rate your dining experience?

	Excellent	Good	Satisfactory	Poor	N/A
Breakfast:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banquets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: .....

10. How did you find the food quality?

- Excellent  Good  Satisfactory  Poor  N/A

Comment: .....

11. Was the food service prompt?

- Yes  No

Comment: .....

12. How would you rate our hotel's overall performance?

- Excellent    Good    Satisfactory    Poor    N/A

13. Please provide the name of employee or employees who provided exceptional service.

Please provide staff name and department: \_\_\_\_\_  
\_\_\_\_\_

14. Was this your first visit to our hotel?

- Yes                       No

If this is not your first visit, what factors influenced you to return to our hotel?  
\_\_\_\_\_

15. If given the opportunity, would you return to our hotel?

- Yes                       No

Comment: \_\_\_\_\_  
\_\_\_\_\_

16. We value your opinion and suggestions. Are there any recommendations you have to improve our hotel?

Comment: \_\_\_\_\_  
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Thank you for providing us with your valuable feedback and suggestions.