

1 GUEST RELATIONS

COLLECT COMPLETE INFORMATION TO HELP RESOLVE ISSUE

GM KM MGR 1 MGR 2 MGR 3 DISTRICT MGR

DATE / / DAY OF WEEK Su Mo Tu We Th Fri Sa TIME AM PM MANAGER ON DUTY NAME EMPLOYEE NAME (IF APPLICABLE)

GUEST NAME GUEST PHONE

GUEST STREET ADDRESS GUEST CITY, STATE, ZIP

ISSUE

HOW RESOLVED



2 GUEST RELATIONS

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3 GUEST RELATIONS

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4 GUEST RELATIONS

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