

Guest Complaint Resolution Workflow

Complaint Reception & Logging

Focuses on how the complaint is initially received and properly documented.

| Complaint Channel |
|--|
| ☐ In-Person |
| Phone |
| ☐ Email |
| Online Review Site (e.g., TripAdvisor) |
| Social Media |
| Letter |
| |
| |
| Date of Complaint |
| Enter date |
| |
| |
| Time of Complaint |
| |
| |
| Guest Description of Complaint |
| Write something |
| |
| |
| |

| Guest Name | |
|-----------------------------------|--|
| Write something | |
| Guest Room Number (if applicable) | |
| Write something | |
| Contact Phone Number | |
| Write something | |
| Contact Email Address | |
| Write something | |
| Complaint Category (Initial) | |
| Housekeeping | |
| Food & Beverage | |
| Service | |
| Maintenance | |
| | |
| ☐ Billing ☐ Noise | |

Initial Assessment & Prioritization

Covers evaluating the severity and urgency of the complaint.

| Complaint Urgency Level Low Medium High Critical |
|--|
| Complaint Category Room Condition Service Quality Food & Beverage Billing/Charges Amenities Other |
| Guest Satisfaction Score (if applicable) Enter a number Brief Summary of Complaint |
| Department Responsible Front Office Housekeeping |
| Food & Beverage Maintenance Management Other |

| Complaint Received Date | |
|---|--------------|
| Enter date | |
| Complaint Received Time | |
| Initial Impact Assessment | |
| Write something | |
| | |
| | |
| nvestigation & Fact-Finding | |
| | e complaint. |
| | e complaint. |
| petails the steps taken to understand the root cause of the | e complaint. |
| Guest's Detailed Account of the Incident | e complaint. |
| Guest's Detailed Account of the Incident | e complaint. |
| Guest's Detailed Account of the Incident Write something Type of Complaint (e.g., Room Condition, Service, B | |
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| Guest's Detailed Account of the Incident Write something Type of Complaint (e.g., Room Condition, Service, B | |
| Write something Type of Complaint (e.g., Room Condition, Service, B Room Condition Service Quality | |
| Guest's Detailed Account of the Incident Write something Type of Complaint (e.g., Room Condition, Service, B Room Condition Service Quality Billing Issue | |

| Number of Guests Affected | |
|--|-------|
| Enter a number | |
| Date of Incident | |
| Date of Incident | |
| Enter date | |
| Approximate Time of Incident | |
| Relevant Staff Involved (Check all that apply) | |
| Front Desk Agent | |
| Housekeeping | |
| Restaurant Staff | |
| Maintenance | |
| Manager on Duty | |
| Security | |
| Witness Statements (if any) | |
| Write something | |
| | |
| | Ji |
| | |
| Supporting Documentation (e.g., Photos, Rece | ipts) |
| ♣ Upload File | |
| | |

Resolution Planning & Options

Outlines the process of developing solutions to address the complaint.

| Potential Resolution Category Financial Compensation (Discount/Refund) Service Recovery (Upgrade/Amenities) Apology & Explanation Policy Exception |
|---|
| Combination of Above |
| Proposed Discount Percentage (if applicable) |
| Enter a number |
| Proposed Refund Amount (if applicable) |
| Enter a number |
| Detailed Explanation of Proposed Resolution Write something |
| |
| Poguiros Managar Approval? |
| Requires Manager Approval? Yes No |
| Justification for Manager Approval (if required) |
| Write something |

| Potential Service Recovery Options | |
|---|-----------|
| Room Upgrade | |
| Meal Voucher | |
| Amenity Offering (e.g., Spa Treatment) | |
| Loyalty Points | |
| None | |
| Notes on Potential Challenges in Resolution | |
| Write something | |
| | |
| | |
| • | unication |
| Covers enacting the chosen solution and informing the guest. | unication |
| Resolution Type Selected | unication |
| Resolution Type Selected Apology | unication |
| Resolution Type Selected Apology Discount/Refund | unication |
| Resolution Type Selected Apology Discount/Refund Service Recovery (e.g., Upgrade, Extra Service) | unication |
| Resolution Type Selected Apology Discount/Refund | unication |
| Resolution Type Selected Apology Discount/Refund Service Recovery (e.g., Upgrade, Extra Service) Explanation/Clarification Other (Specify in LONG_TEXT) | unication |
| Resolution Type Selected Apology Discount/Refund Service Recovery (e.g., Upgrade, Extra Service) Explanation/Clarification | unication |
| Apology Discount/Refund Service Recovery (e.g., Upgrade, Extra Service) Explanation/Clarification Other (Specify in LONG_TEXT) | unication |
| Resolution Type Selected Apology Discount/Refund Service Recovery (e.g., Upgrade, Extra Service) Explanation/Clarification Other (Specify in LONG_TEXT) Detailed Description of Resolution Offered | unication |

| Communication Plan (How resolution will be communicated to guest) |
|---|
| Write something |
| |
| |
| Communication Method |
| Phone |
| ☐ Email |
| ☐ In-Person |
| Letter |
| Date of Resolution Communication |
| |
| Enter date |
| |
| Time of Resolution Communication |
| Summary of Communication with Guest (What was said/explained) |
| Write something |
| |
| |
| Guest Acknowledgement of Resolution |
| Acknowledged & Satisfied |
| Partially Acknowledged |
| ☐ Not Acknowledged |
| |

Follow-Up & Verification

| ocuses on ensuring the resolution was satisfactory and preventing recurrence. | |
|---|--|
| Follow-Up Date | |
| Enter date | |
| Guest Satisfaction Level (Post-Resolution) | |
| ☐ Very Satisfied | |
| Satisfied | |
| Neutral | |
| Dissatisfied | |
| Very Dissatisfied | |
| Guest Feedback (Post-Resolution) | |
| Write something | |
| | |
| | |
| | |
| Resolution Effectiveness | |
| Fully Resolved Partially Resolved | |
| Not Resolved | |
| | |
| Compensation Offered (if applicable) | |
| Enter a number | |
| | |

| Notes on Guest Interaction & Satisfaction | |
|--|--|
| Write something | |
| Documentation & Analysis Details the process of recording complaint details and analyzing trends for improvement. | |
| | |
| Complaint Summary & Root Cause Analysis | |
| Write something | |
| Guest Satisfaction Score (Post-Resolution) | |
| Enter a number | |
| Complaint Category (e.g., Room, Service, Food & Beverage) | |
| Room Issues | |
| Service Issues | |
| Food & Beverage | |
| Billing/Charges | |
| Amenities | |
| Other | |
| | |

| Contributing Factors (Select all that apply) Staff Training Deficiencies Process Failure Equipment Malfunction Communication Breakdown Lack of Resources Unexpected Circumstances |
|---|
| Date of Complaint Resolution Enter date |
| Corrective Actions Taken (Detailed Description) Write something |
| Resolution Type Refund Discount/Voucher Room Upgrade Apology Other |