



## CELEBRATIONS CATERING FEEDBACK FORM

Please complete this form within 2 weeks of the event.

**\* DENOTES REQUIRED FIELD IN THE FORM**

1. **Name of Catered Event (i.e., Student Senate Meeting, Club [name] Meeting, Department Meeting)**

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2. **Date of Catered Event\***

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Example: January 7, 2023

3. Was the catered meal the same as the meal you ordered initially? \*  
Please rate on a scale of 1 to 5. Mark only one response.

Not at all

- 1
- 2
- 3
- 4
- 5

Absolutely and it was great!

4. Was the food ready for your requested meeting/event time? \* Mark only one response.

Yes

No

5. Rate the food on expected temperature (i.e., Was the temperature what it was supposed to be?)\* For example, hot meals were hot, cold foods were cold. Please rate on a scale of 1 to 5. Mark only one response.

Not at all

1

2

3

4

5

Absolutely - it was the perfect temperature.

6. Please rate the food on taste.\* Please rate on a scale of 1 to 5. Mark only one response.

It tasted awful – I couldn't eat it.

1

2

3

4

5

It was delicious!

7. Please rate the food on overall presentation (how it was arranged on the serving table).\* Please rate on a scale of 1 to 5. Mark only one response.

The food presentation was unattractive and unappealing.

1

2

3

4

5

The food presentation was very attractive and appetizing.

8. Please rate the overall quality of your meal.\* Please rate on a scale of 1 to 5. Mark only one response.

The overall quality was awful.

1

2

3

4

5

The overall quality was excellent.

9. Would you order this meal again? \* Mark only one response.

Yes

No

Maybe

**10. If you answered “No” or “Maybe” to Question 9 above, please explain why.**

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**11. Please add any additional comments or details below.\***

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**12. If you would like to talk to the Celebrations staff directly about this review, please include your email address below.**

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