

GUEST RESPONSE ACTION PLAN

Restaurant _____ Guest's Name _____

Date Guest Comment was first received: _____ Date of Guest's visit to the restaurant. _____

How was comment received? Hardee's Hot Line ____ Hardee's E-Mail ____ Phone Call ____

Nature of comment: (1) Food Quality ____ (2) Speed of Service ____ (3) Employee / Manager Attitude ____
(4) Compliment ____ (5) Cleanliness ____ (6) Other ____

Describe briefly the guest's comments:

Time of day of guest's visit: _____ (AM) (PM), PIC of shift when the guest visited restaurant _____

List names of all Managers and employees present at time of visit.

(1) _____	(4) _____
(2) _____	(5) _____
(3) _____	(6) _____

Please circle if employee or PIC was named directly. Rank Employee's listed by impact from complaint.
Example- (Cold food Cook would be listed before Cashiers, Etc.)

What is specifically is being done at the restaurant to correct this problem and prevent its reoccurring?

If a specific employee is at fault, what is being done to correct their behavior to prevent any future occurrences?
(If disciplinary action is warranted, include proof of actions taken)

What actions are to be addressed with the PIC who was in charge to prevent any future occurrences?

Those responsible for creating and executing this action plan must sign and date it below.

_____ / /	_____ / /
_____ / /	_____ / /
