Seafood Restaurant Survey Form

Thank you for taking the time to help us serve you better

Name

*Input text Placeholder* Enter your name

Email

*Input email Placeholder* Enter your Email

Age(optional)

*Input number(>0) Placeholder* Age

Which is your favorite dish?

*dropdown*

1. Select current role *not able to select*
2. Crab Rangoon
3. Shrimp Tempura
4. Zip Sauce Lamb Chops
5. Fire Grilled Salmon

Did you enjoy eating at our restaurant?

*radio button*

* Yes
* No
* Not sure

What would you like to see improved? (Check all that apply)

*Check boxes*

* Service
* Hygiene
* More food options
* Different food options
* Drinks
* Food
* Children meal options

Feel free to leave a comment

*Input textarea Placeholder* Leave your comment here.

*Button* Submit