



CLC LODGING
WORKFORCE TRAVEL
SAVINGS & SOLUTIONS



Hotel Comment Form

(The attached form must be filled out completely to address your concerns.)

Today's Date:	Employee Name:	Employee Id #:
Employee Phone #:	Supervisor's Name:	Supervisor's Phone #:

Hotel Information

Hotel Name:	Hotel Address:	City:	State:
Phone Number:	Room Number:	(required)	

Complaint Information

Date Issue Occurred :	Time of Occurrence:
Was Hotel Management Informed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employee Notified:
Did Hotel Staff Address Issue to Your Satisfaction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Specific Details of Issue:	
Fax this form to: 316-219-4609 Email BNSFTYE@clclodging.com	

Resolution Information

To Be Completed by CLC:
Received on: By:
Description of Resolution:
Close Date: