

National Taiwan University Food Hygiene and Safety Suggestion Form

Customer Information			
Date: / / /			
Name		Gender	
Contact number		E-mail	
Status	<input type="checkbox"/> Visitor <input type="checkbox"/> Student (academic program: _____) <input type="checkbox"/> Staff		
Number of diners			
Dining location			
Dining Time			
Suggestions			
(Please give a brief account of your dining experience.)			