



NWA Flight Attendant Hotel Report

First Name	
Last Name	
Employee Number	
E-Mail	
Contact Phone	
Base	
City Where Problem Occurred	
Date Of Occurrence	
Hotel Room Number	
Type Of Layover	<input type="checkbox"/> Long <input type="checkbox"/> Short
Hotel Name Include Name Of People Involved	
Would You Like To Report A Good Experience	
Hotel Problem	<input type="checkbox"/> Wait For Room <input type="checkbox"/> Room Relocation <input type="checkbox"/> Noise <input type="checkbox"/> Phone <input type="checkbox"/> Hotel Staff <input type="checkbox"/> Smoking/Non Smoking Room Not Available <input type="checkbox"/> Restaurant/Room Service <input type="checkbox"/> No Wakeup Call <input type="checkbox"/> Safety/Security <input type="checkbox"/> Housekeeping
Other Problem Not Listed	
Provide Details Of Problem During Your Stay	
Transportation By Hotel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation Problem	<input type="checkbox"/> Over 10 Minute Wait <input type="checkbox"/> Over 20 Minute Wait <input type="checkbox"/> Over 30 Minute Wait <input type="checkbox"/> Poor Condition Of Van <input type="checkbox"/> Unsafe Operation Of Van <input type="checkbox"/> Seating Not Available <input type="checkbox"/> Seatbelt Not Available <input type="checkbox"/> Driver Not Courteous
Provide Details Of Problems With Transportation	
Was There Another Transportation Problem Not Listed?	
Please Use Back Of Form For Additional Comments Deliver Or Mail Form To AFA Do Not Return Form To NWA	

