



FIELDING HILLS

WINERY

COMMENT & INQUIRY FORM

Today's Date: _____

Name: _____

Phone: _____ Email: _____ Address: _____

Preferred method of communication: _____

Date of visit and/or experience with Fielding Hills Winery: _____

Overall rating of experience (1 being low, 5 being high): 1 2 3 4 5

Discription of experience: _____

Staff member you or your party interacted with: _____

How can the staff at Fielding Hills improve your experience: _____

Thank you for sharing your thoughts with us. We will review and share them with our staff.