



Flight Attendant Hotel Report

First Name	
Last Name	
Employee ID	
E-Mail Address	
Contact Phone	
Base	<input type="checkbox"/> BOS <input type="checkbox"/> DTW <input type="checkbox"/> HNL <input type="checkbox"/> LAX <input type="checkbox"/> MEM <input type="checkbox"/> MSP <input type="checkbox"/> NYC <input type="checkbox"/> SEA <input type="checkbox"/> SFO
Hotel Name	
Layover City	
Room Number	
Check-Date	
Date Problem Occurred	
Type of Layover	<input type="checkbox"/> Short <input type="checkbox"/> Long
Name of Hotel/Transportation/Other Employees Involved	
Names of Crew Members Present	
Hotel Problem	<input type="checkbox"/> Check-in Lines/Wait for Room <input type="checkbox"/> Room Cleanliness <input type="checkbox"/> No Wake-up Call <input type="checkbox"/> Safety/ Security <input type="checkbox"/> Phone <input type="checkbox"/> Noise <input type="checkbox"/> Housekeeping <input type="checkbox"/> Restaurant/Room Service <input type="checkbox"/> Non Smoking/ Smoking Not Available <input type="checkbox"/> Hotel Staff
Describe the Problem	
Other Problem Not Listed Above	
Transportation Problem	<input type="checkbox"/> Over 30 Min Wait Available <input type="checkbox"/> Condition of Van <input type="checkbox"/> Seating Not Available <input type="checkbox"/> Unsafe Operation Courteous <input type="checkbox"/> Seatbelt Not Available <input type="checkbox"/> Driver not Courteous <input type="checkbox"/> Mishandled Luggage <input type="checkbox"/> Other
Transportation Provided by	<input type="checkbox"/> Hotel <input type="checkbox"/> Independent Provider
Please Indicate	<input type="checkbox"/> Inbound to layover <input type="checkbox"/> Outbound to Airport Flight Number Pattern
List Other Comments	
Please use back of form for additional Comments Deliver or Mail to AFA Do Not Return form to NWA ©AFA-CWA	