

Crew Rest Feedback

My Information

Name: *
Employee Number: *
Location: *

Additional Contact Information

Email Address: * (where you would like a copy of this form to be sent)
Phone Number:

If you experienced an issue at one of our hotels or have any information that you would like to share, please fill out this form and it will be sent directly to the SWA Crew Accommodations Board. The board members will be in touch with you shortly. Thank you for your support.

Hotel Information

Type of Report: *
Date of Stay: *
Hotel City:
Hotel Name:
Room Number:
Nature of Issue:

Information Only? Yes No
Reply Requested? Yes No

Additional Comments: