

Employee Feedback

Date	DD/MM/YYYY		
Employee Name (optional)	Insert name		

Double-click on a check box and under the **Default value** heading, select **Checked** and then click **OK**.

My input can be best described as: (choose one of the following)					
	General feedback				
	A suggestion relating to increased productivity or efficiencies				
	A question for All-Staff meeting				

Enter Feedback, Suggestion, or Question	
Type your feedback, suggestion, or question here.	

Completed by Administration

Form Received By	Insert name
Date Received	DD/MM/YYYY
Action Taken	

Document Owner: HR