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.ss

Completed by Administration

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

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Last Updated: <insert date>