Employee Feedback Form

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Age |  |
| Sex |  |

## Feedback for Management

|  |  |
| --- | --- |
| How do you feel about the vision of this company? |  |
| Do you think the new strategy adopted by the HR team has been helpful? |  |
| If no, what do you think can be done to improve it? |  |
| On a scale of 1 to 10 please select how comfortable are you with your current position |  |

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