# Feedback Mechanisms

1. What is your role in the company?

- [ ] Executive/Senior Management

- [ ] Manager

- [ ] Staff/Employee

- [ ] Intern

- [ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How long have you been with the company?

- [ ] Less than 1 year

- [ ] 1-3 years

- [ ] 3-5 years

- [ ] 5-10 years

- [ ] More than 10 years

4. How frequently do you receive feedback on your performance from your manager or supervisor?

- [ ] Daily

- [ ] Weekly

- [ ] Monthly

- [ ] Quarterly

- [ ] Annually

- [ ] Rarely

- [ ] Never

5. Do you feel comfortable providing feedback to your manager or supervisor?

- [ ] Yes, always

- [ ] Yes, sometimes

- [ ] No, not often

- [ ] No, never

6. Are there any specific feedback mechanisms or processes you find particularly effective or ineffective?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_