# Feedback Mechanisms

1. What is your role in the company?

- [ ] Executive/Senior Management

- [ ] Manager

- [ ] Staff/Employee

3. How satisfied are you with the current feedback mechanisms in the company? (1 - very dissatisfied, 5 - very satisfied)

- [ ] 1

- [ ] 2

- [ ] 3

- [ ] 4

- [ ] 5

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

- [ ] Daily

- [ ] Weekly

- [ ] Monthly

- [ ] Quarterly

- [ ] Annually

- [ ] Rarely

- [ ] Never

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

- [ ] Yes

- [ ] No

- [ ] Sometimes

5. Do you feel comfortable providing feedback to your colleagues?

- [ ] Yes

- [ ] No

- [ ] Sometimes

6. Have you utilized any formal feedback channels provided by the company (e.g., surveys, suggestion boxes, performance reviews)?

- [ ] Yes

- [ ] No

7. On a scale of 1 to 10, how effective do you believe feedback is in bringing about positive changes within the company? (1 being not effective at all, 10 being highly effective)

- [ ] 1

- [ ] 2

- [ ] 3

- [ ] 4

- [ ] 5

- [ ] 6

- [ ] 7

- [ ] 8

- [ ] 9

- [ ] 10

8. Have you seen any tangible improvements or changes in response to feedback provided by employees?

- [ ] Yes

- [ ] No

- [ ] Not sure

11. Any additional comments or feedback?

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