

# Employee Feedback Survey

Survey ID: EF-014

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

1. How satisfied are you with your current role?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied

2. Do you feel supported by your manager?

☐ Yes ☐ No ☐ Sometimes

3. Suggestions for improvement: \_\_\_\_\_