Staff Feedback Form

NWF Facilities Ltd

# 1. Staff Information

* Full Name:
* Job Title:
* Department:
* Date:

# 2. Feedback Areas

1. How satisfied are you with your current role and responsibilities?

* Response:

2. How would you rate communication within your team and with management?

* Response:

3. Do you feel your skills and contributions are recognised and valued?

* Response:

4. Are there any resources or support you feel are lacking in your role?

* Response:

5. What changes would you suggest to improve your work environment or team performance?

* Response:

# 3. Training & Development

Do you feel you receive adequate training to carry out your duties effectively?

* [ ] Yes [ ] No

If no, please describe the training you feel would be beneficial:

# 4. Additional Comments

Please provide any additional feedback or suggestions:

# 5. Follow-Up (Optional)

Would you like to discuss this feedback with your line manager or HR?

* [ ] Yes [ ] No

Preferred method of contact (if yes):