# EMPLOYEE FEEDBACK FORM

## COMPANY NAME

[Street Address]

[City, ST ZIP Code]

[Phone] | f [Fax] | [Website] | [Email]

|  |  |
| --- | --- |
| Name | [write name here] |
| employee id | [employee id here] |
| job titile | [job title here] |
| department | [department name here] |
| manager | [manager name here] |
| review period | [evaluation period] |

|  |  |
| --- | --- |
| Has a good knowledge about his/her job | Choose an item. |
| Work quality is outstanding | Choose an item. |
| Attendance is remarkable | Choose an item. |
| [EMPLOYEE NAME] is a punctual person | Choose an item. |
| He /She has a good communication skills | Choose an item. |
| He /She has a good listening skills | Choose an item. |
| He /She has good workman relationship with other colleagues | Choose an item. |
| Trustworthy person | Choose an item. |
| [Insert other of your choice] | Choose an item. |
| [Insert other of your choice] | Choose an item. |
| [Insert other of your choice] | Choose an item. |
| EVALUATION |  |

### Additional comments

[Response]