

Manager Feedback Survey

- Feedback Date: _____
- Employee Name: _____
- Manager Name: _____
- Department: _____

- Survey Questions:

1. **How satisfied are you with your manager's communication?**

- Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

2. **Does your manager provide timely feedback on your performance?**

- Never Rarely Sometimes Often Always

3. **How effective is your manager in decision-making?**

- Very Ineffective Ineffective Neutral Effective Very Effective

4. **Do you feel your manager respects your input and ideas?**

- Strongly Disagree Disagree Neutral Agree Strongly Agree

5. **Would you recommend your manager for a leadership role?**

- Yes No Not Sure

(Please explain):

- Suggestions for Improvement:

