

Employee Engagement Survey

Questionnaire

Survey Details

Survey Date: _____

Employee Name (Optional): _____

Engagement Metrics

Area of Focus	Satisfied (Yes/No)	Feedback/Comments
Job Satisfaction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship with Team	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leadership Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recognition and Rewards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work-Life Balance	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments or Suggestions

I consent to share this feedback anonymously.

Employee Signature (Optional): _____