

Employee Feedback Suggestion Form

Employee Information:

- Name: _____
- Employee ID: _____
- Department: _____

Feedback and Suggestions:

1. Describe the Issue/Process You Wish to Improve:

2. Your Feedback or Suggested Changes:

3. Resources Needed for Implementation (if any):

Impact of Your Suggestion:

- Improved Work Environment: Yes No
- Better Team Collaboration: Yes No
- Other Benefits: _____

Employee Signature: _____

Date: _____

Supervisor Acknowledgment:

- Review Completed: Yes No
- Comments:

Supervisor Signature: _____

Date: _____