

Employee Survey Form Online

Employee Information:

Name: _____

Email: _____

Department: _____

Survey Form Online Feedback:

Survey Element	Excellent	Good	Neutral	Needs Improvement	Poor
User Interface	[]	[]	[]	[]	[]
Content Relevance	[]	[]	[]	[]	[]
Ease of Navigation	[]	[]	[]	[]	[]
Speed of Submission	[]	[]	[]	[]	[]
Accuracy of Data Collected	[]	[]	[]	[]	[]

Suggestions to Improve Online Survey Process:

1. _____
2. _____
3. _____

Acknowledgment:

[] I confirm the information provided is accurate to the best of my knowledge.

Digital Signature: _____

Submission Date: _____