

MONTHLY FEEDBACK FORM

For the month of \_\_\_\_\_ 200\_\_

IDEAS, SUGGESTIONS:

Some of the most beneficial ideas for the growth of The Company have come from employee suggestions. Do you have any suggestions or ideas?

No - Employee initials \_\_\_\_\_

Safety:

Suggestions - Ideas:

Gripes - Complaints:

HARASSMENT, DISCRIMINATION:

The Company wants a genuinely pleasant work environment. Harassment, intolerance and discrimination should not be part of the work experience. List any unpleasant events that have occurred during the last month. This would include any action you are aware of involving you or any other employee. This would also include any action that took place in the workplace or outside the workplace with any employee, supervisor, vendor or client.

No - Employee initials \_\_\_\_\_

Yes, Give details:

(Note- If you do not wish to report on this form, you still have a responsibility to yourself, your fellow employees and The Company to report any harassment or discrimination. This information will be kept confidential!)

WORKPLACE INJURIES:

During the last month have you had any event regarding accidents or illness within the workplace or while performing work on behalf of The Company?

No - Employee initials \_\_\_\_\_

Yes, Give particulars:

FOR NON-EXEMPT EMPLOYEES ONLY:

During the last month, have there been any meal or break periods that you have been unable to take or where you were not "relieved of all duty?" CHECK BELOW ALSO: Have you worked any overtime hours that have not been recorded or paid? This would include any overtime whether authorized or not. CHECK BELOW

MEAL PERIODS

REST BREAKS

OVERTIME

No - Employee initials \_\_\_\_\_

No - Employee initials \_\_\_\_\_

No - Employee initials \_\_\_\_\_

Yes, Give details below:

Yes, Give details below:

Yes, Give details below:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ 200\_\_

Printed Name: \_\_\_\_\_

