



GIVE US YOUR FEEDBACK

This questionnaire is intended to help our company improve.
Please answer each item as openly and honestly as you can.
Your answers will be confidential, unless you choose to identify yourself.

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Canada
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GIVE US YOUR FEEDBACK

1. Overall, how do you rate your SATISFACTION with our company as a place to work compared to other places you've worked?

EXTREMELY DISSATISFIED

EXTREMELY SATISFIED

1

2

3

4

5

N/A

2. Are you aware of our company's core values or workplace philosophy?

Yes

No

3. If yes, describe our company's core values or workplace philosophy in your own words.

4. If you are aware of our company's core values or workplace philosophy, how well do you feel management follows it?

Extremely well

Very well

Sometimes does, sometimes doesn't

Not very well

Doesn't abide by stated core values or workplace philosophy at all

5. In general, if you share your ideas with management, either through your superior or with other managers, do you... (check one).

Get credit if the ideas are fully used?

Get credit if the ideas are only partially used?

Get credit for offering an idea?

Get no credit?

6. If you offer an idea that is implemented but get no credit, who, if anyone, does get credit? (Select all that apply)

My immediate superior

Top management (if other than direct boss)

Co-worker at the same level in the company/organization

No one takes credit, the idea is just implemented



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1 EXTREMELY UNSATISFIED	2	3	4	5 EXTREMELY SATISFIED	N/A OR NOT SURE
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Balance between worklife and non-worklife

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Level of pay compared to others

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Level of benefits compared to others

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Retirement/pension plan

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Listening to your concerns in times of dispute

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Physical work environment

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Workplace safety and health

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Training and development

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Providing a positive environment for disadvantaged persons

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Providing interesting and challenging work

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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11. If you have problems at work, is there anyone other than your superior you can talk to?

Yes No

12. Has your organization gone through any major recent changes that have affected your job?

Yes No



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1 VERY DISSATISFIED	2	3	4	5 VERY SATISFIED	N/A OR NOT SURE
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13. If you answered "YES" above, please rate how the company handled the change.

Provided job security during the change

| | | | |

Kept you informed throughout the change

| | | | |

Provided opportunities for you to ask questions

| | | | |

Requested your ideas and input

| | | | |

Provided you with adequate resources and training

| | | | |

14. Do most other employees feel the same way you do about the company?

Yes No

15. Do you have any recommendations about what might improve company/employee relations?

16. How long have you been working for the company?

- Less than a year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years



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17. Select from the list below the label that best fits your job.

Operational

Clerical

Professional

Supervisor/Manager

Senior Executive

Other Please Specify _____

Thank you for your opinions. We really want to make this a great place to work! If you would like to add your name and contact data below for us to follow-up with you on your answers, please do so. This is entirely optional.

Last Name: _____

First Name: _____

Work Phone: _____

Work Email: _____