



Customer Feedback Form-Employee

To: _____

From: _____

Re: Your Feedback

Date: _____

You are among the few colleagues I am asking to provide feedback regarding the support and interactions that you and/or your department receive from _____ in my department. I would appreciate your honest perspective on ways in which you feel they contribute to the success of your department and our joint efforts. Additionally, I would appreciate ways in which you believe improvement or change would increase their or my department's level of contribution or enhance their professional growth.

The period you are commenting on is _____ through the present time.

Your responses will be treated in confidence. Please return the form directly to me.

Supervisor Name: _____

Department: _____

Due Date: _____

Feedback provided by (please print): _____

Vilas County's new performance evaluation will be focusing on the following areas of competencies and performance factors:

Values & Behaviors

Team Building

Customer Orientation

Job Knowledge

Quality of Work

Initiative

Positive Impact

Problem Solving & Decision Making

Time Management

Please answer the questions on the back of this page taking into consideration the competencies and performance factors as identified above.



Please share up to three specific observations you have had of this person performing or excelling in their work (i.e. elements of the work that are especially effective or supportive of your area).

Please list a single development opportunity you would highlight for this individual to enhance their performance and move them toward excellence.

Additional comments: