1. General Information
* Name:
* Department:
* Job Title:
* Years with the company:
1. Work Environment
* How comfortable do you feel in your workspace?
* Are there any improvements that could be made to the work environment?
* How do you feel about the cleanliness of the workspace?
1. Communication
* Do you feel that communication between management and employees is clear?
* Is feedback regularly given and received?
* Are meetings and updates helpful?
1. Training and Development
* Are there opportunities for professional growth within the company?
* Do you feel that you are receiving adequate training for your job?
* Is there an opportunity for advancement within the company?
1. Benefits and Compensation
* Are you satisfied with your benefits package?
* Do you feel that your salary is competitive?
* Are there any other benefits you would like to see offered?
1. Job Satisfaction
* How satisfied are you with your current job?
* What aspects of your job do you enjoy the most?
* What aspects of your job do you find most challenging?
1. Overall Satisfaction
* On a scale of 1 to 10, how satisfied are you with your job?
* Do you feel valued and appreciated by the company?
* Would you recommend this company to a friend or family member looking for employment?

Thank you for taking the time to complete this survey. Your feedback is important to us and will help us improve the workplace for all employees.