**SCHOOL OF MEDICINE**

**Client/Customer Feedback Form**

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Feedback requested on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert employee name)

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

Your name was provided to me by the employee listed above to ask for feedback about \_\_\_\_\_\_\_\_\_\_\_\_support and interactions with you and/or your department. I would appreciate your honest perspective on ways in which you feel \_\_\_\_\_\_\_\_\_\_\_\_ contributes to our joint efforts. Additionally, I would appreciate ways in which you believe improvement or change would increase his/her level of contribution and enhance his/her professional growth.

The period you are commenting on is \_\_\_\_\_\_\_\_\_through the present time.

**Your responses will be treated in confidence.** Please email the form directly to me by: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feedback provided by (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period covered \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

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

**Is there a development opportunity you would recommend for this individual to enhance his/her performance and move him/her toward excellence.**