

Consultation Effectiveness Survey

Respondent Information

Name: _____

Role: _____ > Options: Employee, Supervisor, Manager, Contractor, Visitor, Other

Department / Team: _____

Email: _____

Date of Survey*: _____

Consultation Details

Consultation Topic*: _____

Method of Consultation: _____ > Options: Meeting, Toolbox Talk, Email/News, Safety Committee, Other

Date of Consultation: _____

Effectiveness Ratings

Clarity of Information Provided*: _____ > Options: Very Poor, Poor, Fair, Good, Excellent

Opportunity to Contribute*: _____ > Options: Very Poor, Poor, Fair, Good, Excellent

Follow-up Actions Communicated*: _____ > Options: Very Poor, Poor, Fair, Good, Excellent

Timeliness of Consultation*: _____ > Options: Very Poor, Poor, Fair, Good, Excellent

Overall Effectiveness*: _____ > Options: Very Poor, Poor, Fair, Good, Excellent

Additional Feedback

What Worked Well?: _____

Suggestions for Improvement: _____

Would You Participate Again?: _____ > Options: Yes, No, Unsure

Acknowledgement

I consent to my feedback being shared with management

Signature: _____ (Sign above)