DEPARTMENT OPERATIONS FEEDBACK FORM

Department ___________________________ Division/Unit/Precinct/Station ___________________________

Instructions: This form provides the employee with an opportunity to anonymously evaluate the performance of their own manager/supervisor. Using the rating scale below, circle the number that best fits the management in your division.

3 = Always
2 = Usually
1 = Seldom

STATEMENTS (Check One)

1. Better ways to get the job done are encouraged, such as asking for employee input, keeping up with latest changes in technology, etc. 3__ 2__ 1__
2. Employees are given regular feedback on performance in a constructive manner, in a private setting. 3__ 2__ 1__
3. Employees are supported and encouraged, which helps to keep morale up. 3__ 2__ 1__
4. All employees are treated fairly; no favoritism is shown. (For example, work is distributed fairly among employees.) 3__ 2__ 1__
5. Employees’ contributions and achievements are recognized; employees are given credit where due. 3__ 2__ 1__
6. Employees are given timely responses to questions. 3__ 2__ 1__
7. Expectations on what needs to be done and why are communicated clearly to employees. 3__ 2__ 1__
8. Decisions appear to be based on common sense and good judgment. 3__ 2__ 1__
9. Employees are kept informed about issues that affect them. 3__ 2__ 1__
10. Employees are allowed to grow on the job. (For example, employees are allowed to attend training classes and are given opportunities to assume more responsibility.) 3__ 2__ 1__
11. Employees are allowed to express their feelings openly and honestly. 3__ 2__ 1__
12. Direction, guidance, and leadership are provided to employees on a regular basis. 3__ 2__ 1__
13. Overall, based on how this Department is run and how employees are treated, it is a good place to work. 3__ 2__ 1__

Comments

(Return this form anonymously to your supervisor’s supervisor, your department head, or other designated person in your department.)