

Office Environment Feedback Form

Name (Optional):	Date:
Department:	

How satisfied are you with the current office environment?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

How comfortable is your workspace?

Very Comfortable Comfortable Neutral Uncomfortable Very Uncomfortable

How effective is the office layout in promoting collaboration and communication with your team?

Very Effective Effective Neutral Ineffective Very Ineffective

How effective is the office layout in promoting collaboration and communication with the teams you interact with?

Very Effective Effective Neutral Ineffective Very Ineffective

How would you rate the noise levels in the office?

Excellent Acceptable/ Good Neutral Too Noisy Too Quiet

Do you feel you have enough privacy to focus on your work?

Always Most of the Time Sometimes Rarely Never

How adequate are the meeting spaces for your needs?

Very Adequate Adequate Neutral Inadequate Very Inadequate

How would you rate the facilities (kitchen, toilets, break areas) in the office?

Excellent Good Fair Poor Very Poor

Please share any specific suggestions you have for improving the office environment:

Any other feedback or comments you would like to share?