

FEEDBACK REPORT FORM

EMPLOYEE/TEAM MEMBER NAME: _____

DATE/TIME OF OBSERVED BEHAVIOR: _____

WHERE OBSERVED BEHAVIOR TOOK PLACE:

SPECIFIC BEHAVIOR OBSERVED:

IMPACT(S) OF OBSERVED BEHAVIOR:

EMPLOYEE/TEAM MEMBER'S SUGGESTIONS (IF ANY):

YOUR (TEAM LEADER'S) SUGGESTIONS (IF ANY):

PERFORMANCE OBSERVED BY: _____

FEEDBACK DELIVERED BY: _____

FEEDBACK DELIVERED (DATE/TIME): _____

DATE/TIME SCHEDULED FOR FOLLOW-UP (IF APPLICABLE): _____

Excerpt from Greg Gray's book **"GETTING THERE & STAYING THERE"** • © 2012 Renaissance Unlimited, Inc. • greggray.com

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