## **Corporate Compliance Training Feedback Form**

Name	
l.	
Email	
Department	
Training Session Date	
Training Session Date	
Trainer(s)	
Overall Training Rating	
	•
How relevant was the training to your role?	
Tiow relevant was the training to your role:	_
Clarity of Content	
	_
Level of Engagement	
	•
Suggestions for Improvement	
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Key Takeaways from the Training	
Additional Comments	