

Diversity & Inclusion Feedback Form

Name (optional)

Email (optional)

Role/Position

Department/Team

How inclusive do you feel our workplace is?

- ☐ Very inclusive
- ☐ Somewhat inclusive
- ☐ Neutral
- ☐ Somewhat exclusive
- ☐ Very exclusive

What are we doing well in terms of diversity & inclusion?

How can we improve our diversity & inclusion efforts?

Do you feel supported to bring your whole self to work?

- ☐ Yes
- ☐ No
- ☐ Not sure

Additional Comments