

Change Management Communication Feedback Survey

Name (optional)

Department

Email (optional)

How clear was the communication regarding the recent change?

☐

Very Clear

☐

Clear

☐

Neutral

☐

Unclear

☐

Very Unclear

How timely was the communication?

☐

Very Timely

☐

Timely

☐

Neutral

☐

Untimely

☐

Very Untimely

What is your preferred method of communication?

What additional information would you have liked to receive?

How can we improve future communications?