

# Employee Shuttle Service Feedback Form

Name (optional)

Department

Email (optional)

## 1. Frequency of Shuttle Use

## 2. Overall Satisfaction

- ☐ Very Satisfied  
☐ Satisfied  
☐ Neutral  
☐ Dissatisfied  
☐ Very Dissatisfied

## 3. Rating the Following Aspects

Punctuality

Cleanliness

Comfort

Driver Attitude

## 4. Additional Comments or Suggestions

