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### EMPLOYEE FEEDBACK SURVEY

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Rehabilitation Provider Name: \_\_\_\_\_

Dear \_\_\_\_\_,

We would be most appreciative if you can take the time to complete and return this survey to BRS Consulting. Your feedback is important to us and will assist us with reviewing our services.

Please complete the questions using the following scale	Strongly Disagree	Disagree	Agree	Strongly Agree
My Rehabilitation Provider clearly explained the Return to Work process, roles and expectations of each party in the return to work process.				
I felt that the Rehabilitation Provider involved me with the decision making process during my return to work program.				
I felt comfortable with the level of communication (telephone/written/face to face meetings) provided by my Rehabilitation Provider.				
I felt that issues I raised were addressed promptly by the Rehabilitation Provider.				

Please provide any further comments or suggestions for how we can improve our services:

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Thankyou for completing this questionnaire.  
 BRS Consulting.