Record of Feedback Template

HiFlex Physio

Details			
Employee Name		Employee Title	
Manager Name		Manager Title	
Today's Date		Feedback Date	
Feedback Time		Feedback Location	

Topic for Feedback

Evidence (if applicable):

1300 555 222

hiflexphysio.com.au

222 Wandoo St Brisbane 4000

Names of those in attendance at feedback:

Action to be taken:

- ☐ Acknowledgement (describe below)
- ☐ Reward (describe below)
- ☐ Punitive action (describe below)

If on probation: period begins

and ends

If on suspension: period begins

and ends

Goals to be Achieved:

Employee statement:

I acknowledge that I have read and understand the above information and consequences.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

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