



COVID19 Workplace Employee Feedback Form

This form is for communicating issues and concerns related to COVID19 within your workplace.

Name:

Employee #:

E-mail:

Phone Number or Extension:

Direct Supervisor:

Work Location:

Location of issue or concern:

Please discuss issues or concerns with your supervisor before submitting this form.

*If you are uncomfortable discussing the issue with your supervisor, please submit this form directly to Human Resources.

Has this issue or concern been discussed with your supervisor? Yes No

If yes, please include the details below

Please describe the issue/concern below:

Thank you for submitting your comments. Someone will be in contact with you in the coming days.

(*Problems Submitting?* Please save and email this form as an attachment to ***hr-covid@co.yamhill.or.us***)