

EMPLOYEE DISCUSSION FORM

HUMAN RESOURCES DEPARTMENT

Format No. _____ Rev. No. _____ Rev. Date. _____

Date of Discussion: _____ Department: _____

Employee Name: _____ Designation: _____

Department Head: _____

Reason for Discussion

Discussion subjects		
#	Topic	Employee Response
01	Work / Operations	
02	Product concern	
03	Communication	
04	Equipment used & Safety	
05	Hazards Identification	
06	Process concern	
07		
08		
09		

Employee Suggested changes in existing system:

1

2

3

4

5

Acceptable Suggestion	Approved by

<u>Comment / Remarks by Interviewer</u>	Employee Sign.
	Conducted sign.

Approved by _____