

Employee Training Compliance Questionnaire

Employee Name

Employee ID

Department

Email Address

Training Name

Date of Completion

Compliance Confirmation

- ☐ I confirm I have completed and understood the training
- ☐ I have not completed/not understood the training

Knowledge Assessment

Did you find the training material relevant to your job?

- ☐ Yes
- ☐ No

Suggestions for Improvement

Additional Comments

Important Notes:

- Ensure all required fields are filled accurately before submission.
- This document confirms your compliance with necessary training requirements.
- Keep a personal copy for your records; management may request this form for audits.
- Providing false information on this questionnaire may lead to disciplinary actions.
- Contact your supervisor if you have questions regarding any training module.