
SERVICE PROVIDER / SUPPLIER EVALUATION FORM

SECTION A – IDENTIFICATION OF SERVICE PROVIDER/SUPPLIER

Name: _____ Tel: _____

Address: _____ Fax: _____

SECTION B – EVALUATION

Criteria	Satisfaction						
	Dissatisfied	Very Fair	Fair	Satisfied	Very Satisfied	Exceptional	Not Applicable
1. Delivery/Contract Compliance/Meets Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of Service/Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Responsiveness/Availability/Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Flexibility/Accommodation of Unique Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Effectiveness of Communication/Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Satisfaction:

Comments and Recommendations:

SECTION C – FINAL RECOMMENDATION

- No Action Required**
- Corrective Action Requested to be issued**
- Removal of Supplier**

Evaluator: _____

Date: _____