

# Franchise Partnership Evaluation

Date: [Insert Date]

To: [Insert Franchise Partner Name]

Address: [Insert Franchise Partner Address]

Dear [Franchise Partner Name],

We appreciate your ongoing partnership with [Your Company Name]. As part of our commitment to excellence and mutual growth, we are conducting a routine evaluation of our franchise partnerships.

This evaluation aims to assess various aspects such as operational efficiency, brand adherence, customer satisfaction, and overall profitability. Your feedback is vital to this process.

## Evaluation Criteria:

- Operational Performance
- Financial Compliance
- Marketing Strategy Implementation
- Customer Feedback
- Staff Training and Development

Please complete the attached evaluation form and return it by [Insert Return Date]. This form will help us understand your challenges and successes, ensuring we can support your franchise effectively.

Thank you for your cooperation. We look forward to your insightful input.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]