

Vendor Service Assessment

Date: [Insert Date]

To: [Vendor's Name]

[Vendor's Address]

[City, State, Zip Code]

Dear [Vendor's Name],

We would like to take this opportunity to evaluate the services provided by your company over the past [time period]. In order to better understand the effectiveness and quality of your services, we would appreciate your assistance in completing the following assessment.

Assessment Criteria

- Quality of Service
- Responsiveness
- Communication
- Timeliness
- Cost Effectiveness

Please provide your feedback on a scale of 1 to 5 for each criterion (1 being poor and 5 being excellent):

Criterion	Rating
Quality of Service	[]
Responsiveness	[]
Communication	[]
Timeliness	[]
Cost Effectiveness	[]

Additional Comments:

[Insert text area or lines for comments]

Thank you for your cooperation and timely response. We value your partnership and look forward to continuing our successful collaboration.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]