

# Carrier Performance Assessment

Date: [Insert Date]

To: [Carrier Name]

Address: [Carrier Address]

Dear [Carrier Contact Name],

We are conducting a performance assessment of our partnered carriers and would like to take this opportunity to evaluate your services. This assessment is vital to ensure we maintain the high standards expected by our clients and to foster continuous improvement.

## Performance Metrics

- On-time Delivery Rate: [Insert Percentage]
- Damage Rate: [Insert Percentage]
- Customer Service Response Time: [Insert Time]
- Overall Communication: [Insert Rating]

We value our partnership and would appreciate your feedback on our services as well. Please fill out the attached feedback form and return it by [Insert Deadline]. Your insights will aid us in enhancing our collaboration.

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Contact Information]