

# Supplier Client Experience Evaluation Form

Date: \_\_\_\_\_

To: [Supplier Name]

From: [Your Company Name]

## Introduction

Dear [Supplier Name],

As part of our ongoing commitment to improve our partnerships, we kindly request your feedback on your experience working with us. Your insights are invaluable.

## Evaluation Criteria

Please rate the following aspects on a scale of 1-5 (1 = Poor, 5 = Excellent):

- Communication: \_\_
- Quality of Goods/Services: \_\_
- Timeliness of Deliveries: \_\_
- Customer Service: \_\_
- Overall Satisfaction: \_\_

## Additional Comments

Please provide any additional feedback or suggestions:

## Conclusion

Thank you for taking the time to complete this evaluation form. Your feedback is essential for enhancing our collaboration.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]