



Vendor / Contractor Feedback Form

USER DEPARTMENT/SCHOOL

ADDRESS

PHONE

CONTACT

E-MAIL

CPS Board Report # _____

Vendor / Contractor _____

CPS Vendor # _____

Address _____

Contact _____

Telephone Number _____

Dear Colleague:

The Department of Procurement & Contracts needs to determine whether the vendor above met your best expectations as it relates to services performed as authorized by the Board on the Board Report. The purpose of this evaluation is to measure vendor performance and user satisfaction. Your response will allow us to determine whether or not to renew services with the vendor.

Sincerely,

Opal L. Walls

Chief Purchasing Officer



Vendor / Contractor Feedback Form

To be completed by CPS employee DIRECTLY INVOLVED with vendor's performance:

1	Did not meet commitment
2	Met minimum requirements, substantial improvements desirable
3	Met requirements
4	Exceeded requirements

Please circle the appropriate answer below. If you rate a vendor unsatisfactory, please provide a more detailed evaluation or suggestions for improved service at the end of this form.

COMMITMENT	EVALUATION
1) <u>Communication</u> Consider whether the vendor answered questions, issues, or concerns the customer may have had, in a timely manner.	1 2 3 4
2) <u>Performance</u> Consider whether the vendor achieved all deliverables as specified in the Board Report.	1 2 3 4
3) <u>Timeliness</u> Consider whether the vendor performed the agreement within the prescribed or allotted period.	1 2 3 4
4) <u>Management</u> Consider whether the vendor efficiently administered and directed the requirements of the agreement. (i.e. whether the vendor was able to quickly adjust to any suddenly altered internal/external conditions, and to resume stable operation of the agreement without undue delay)	1 2 3 4
5) <u>Professionalism</u> Consider whether the vendor met personal commitments and promises made to the customer; complied with CPS corporate policies and procedures; demonstrated high quality service standards; maintained a strong relationship with the customer.	1 2 3 4
6) <u>Outcome</u> Consider whether the expected outcome and effect on students or District operations was achieved.	1 2 3 4

[illegible]



Vendor / Contractor Feedback Form

Internal Use Only

Recommend continued use? Yes [☐] No [☐]

CPS employee completing form

Date

Recommend continued use? Yes [☐] No [☐]

Chief of User Department

Date

Recommend continued use? Yes [☐] No [☐]

Chief Purchasing Officer

Date