



Market Feedback Form



Supplier Name: _____

Customer Name: _____

Date: _____

Scoring Matrix								
Questions	N/A	Extremely Dissatisfied	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Extremely Satisfied
		1	2	3	4	5	6	7
1	I am satisfied with the overall performance of this supplier.							
Comments:								
2	I am satisfied with the cost competitiveness of this supplier. (Thought triggers: % cost improvement year over year, cost relative to other comparable peers)							
Comments:								
3	I am satisfied with the quality of product (s) and/or services supplied to my organization by the supplier. (Thought triggers: Escapes, engineering quality notification, order accuracy, Process Certification)							
Comments:								
4	I am satisfied with the delivery of product (s) and/or services supplied to my organization by the supplier. (Thought triggers: On time delivery to customer requirement)							
Comments:								
5	I am satisfied with the ease of doing business with this supplier. (Thought triggers: The response to information requests, issues or problems that arose from this supplier)							
Comments:								
6	I am satisfied with the customer support received from this supplier.							
Comments:								
7	I am satisfied with the ability of this supplier to respond to Operations Transformation needs or requirements.							
Comments:								
8	I am satisfied with the ability of this supplier to be flexible in meeting changing requirements as they occur. (Thought triggers: Scheduling and technical changes, lead times and turn around times)							
Comments:								
General comments:								