

Logistics Provider Performance Review Form

Provider Information

Provider Name

Review Period

Reviewer

Date

Performance Criteria

Criteria	Rating (1-5)	Comments
On-time Delivery	<input type="text"/>	<input type="text"/>
Order Accuracy	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Responsiveness	<input type="text"/>	<input type="text"/>
Problem Resolution	<input type="text"/>	<input type="text"/>
Documentation Accuracy	<input type="text"/>	<input type="text"/>
Compliance	<input type="text"/>	<input type="text"/>

General Comments

Reviewer Signature

Date

Provider Representative Signature