

Express Parcel Vendor Feedback Form

Vendor Name

Contact Person

Email Address

Type of Service

Service Timeliness

☐

1

☐

2

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3

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4

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5

Parcel Handling & Safety

☐

1

☐

2

☐

3

☐

4

☐

5

Communication Quality

☐

1

☐

2

☐

3

☐

4

☐

5

Comments / Suggestions

