



VENDOR PERFORMANCE SURVEY

McAllen Independent School District Purchasing Services

Vendor: _____

Vendor Representative/Contact Person: _____

Bid Number/Name (if applicable): _____

Campus/Department: _____

Principal/Department Head: _____

Date Submitted: _____

Submitted By (signature): _____

1. Their quality rate with us is:
 - Excellent
 - Very Good
 - Satisfactory
 - Fair
 - Poor
2. Their record in meeting deliveries is:
 - Excellent
 - Good
 - Long, but meets promises
 - Meets most promises, occasionally late
 - Frequently late
 - Frequently very late
3. In handling complaints and rejects, they are:
 - Cooperative and responsible
 - Difficult to deal with
 - Non-cooperative
4. Their prices are:
 - Competitive
 - Higher than competitor's but worth it
 - Generally high priced
 - Sometimes high
 - Sometimes low
 - Very low
5. In giving technical assistance, they are:
 - Cooperative and responsible
 - Slow but fair
 - Difficult to deal with

Please make comments (positive experiences/problems/complaints) as related to service, quality of product, deliveries, substitutions, unjustified price increases, etc., please fill out the following:

Date(s) of occurrences: _____ Salesman: _____

Comments/Problems/Complaints: _____

Was the company contacted? Yes: _____ No: _____

If Yes:

Date that the company was contacted: _____

Contact Person: _____

Position with the company: _____

Telephone Number: _____

What actions were taken by the company, or representative of the company, to correct the problem?

Was the problem handled in an appropriate and timely manner? Yes: _____ No: _____

If No, please explain:

Please send to: Alexandra Molina
Executive Director of Child Nutrition & Purchasing
Fax: (956) 657-4481
purchasing@mcallenisd.net

Thank you