# REFERENCE QUESTIONNAIRE

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| To: |  |  |
|  | *(Name of person completing survey)* |
| Phone: |  | Fax: |  |
|  |  |  |  |
| Subject: Past Performance Survey of: |  |
|  | *(Name of Contractor)* |

The State of Oklahoma is implementing a process that collects past performance information on vendors.. The firm/individual listed above has listed you as a client for which they have previously performed work on. The State of Oklahoma appreciates your time in completing this survey. Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied and 1 representing that you were very unsatisfied. Please rate each of the criteria to the best of your knowledge (you may leave a question blank if you don’t have adequate knowledge).

|  |  |
| --- | --- |
| Client Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NO | CRITERIA | UNIT | RATING |
| 1 | Vendor’s ability to arrive on time and when needed | (1-10) |  |
| 2 | Quality of vendor’s services | (1-10) |  |
| 3 | Professionalism of vendor and staff | (1-10) |  |
| 4 | Vendor’s timeliness in providing services | (1-10) |  |
| 5 | Ability to follow all necessary rules and requirements | (1-10) |  |
| 6 | Accuracy of vendor’s services | (1-10) |  |
| 7 | Overall Satisfaction with vendor’s services | (1-10) |  |
| 8 |  Would you use this vendor again? | (Y/N) | Y / N |
|  |  |  |
| Printed Name (of Evaluator) |  | Signature (of Evaluator) |

Thank you for your time and effort in assisting the Owner in this important endeavor. **Please fax or email the completed survey to: [<<Contractor’s fax # or email address>>]**