VENDOR REVIEW · INTERNAL

# PROJECT FEEDBACK FORM

PROJECT
**Customer Portal Redesign**

## PROJECT INFORMATION

| | |
|---|---|
| PROJECT NAME<br>**Customer Portal Redesign** | VENDOR<br>**Northwind Design Studio** |
| PERIOD<br>**Jan 8 – Apr 4, 2026** | REVIEWER ROLE<br>**Product Manager · IT Operations** |

## OVERALL ASSESSMENT

1 = POOR · 5 = EXCELLENT

| | | | | | |
|---|---|---|---|---|---|
| Quality of Work | ◯ 1 | ◯ 2 | ◯ 3 | ◯ 4 | ◯ 5 |
| Communication | ◯ 1 | ◯ 2 | ◯ 3 | ◯ 4 | ◯ 5 |
| Timeliness | ◯ 1 | ◯ 2 | ◯ 3 | ◯ 4 | ◯ 5 |
| Value for Money | ◯ 1 | ◯ 2 | ◯ 3 | ◯ 4 | ◯ 5 |
| Likelihood to Recommend | ◯ 1 | ◯ 2 | ◯ 3 | ◯ 4 | ◯ 5 |

## WHAT WENT WELL?

## WHAT COULD IMPROVE?

## SPECIFIC ISSUES (CHECK ALL THAT APPLY)

- ☐ Scope creep
- ☐ Communication gaps
- ☐ Missed deadlines
- ☐ Budget overruns

## FINAL COMMENTS

## APPROVAL STATUS

◯ **Approved** ◯ **Conditional** ◯ **Rejected**

## SIGN-OFF

X _____
Signature
REVIEWER SIGNATURE

PRINTED NAME

DATE