APPENDIX F

CLIENT REFERENCE FORM

Name of Vendor for whom reference is given:	
Your organization's (Client) business name:	
Client Contact name and title:	
Client Contact Telephone number:	
Client Contact E-Mail address:	

General Information:

- Briefly describe the type of products and/or services provided by your organization:

- Briefly describe the IT professional Services work your organization has received from th Vendor:

PLEASE RATE THE VENDOR FOR ALL OF THE FOLLOWING 10 ITEMS USING THE 0-5 SCALE BELOW (Check only one box per item):

Unsatisfactory (0)	**Marginal (1)**	**Below Average (2)**	**Average (3)**	**Above Average (4)**	**Exceptional (5)**
1. Ability to communicate clearly & effectively					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
2. Responsiveness to contractual issues					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
3. Ability to resolve problems					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
4. Competency of staff					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments:					
5. Reliability of Services					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
6. Quality of Services provided					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
7. Response Time					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
8. Quality of Invoicing (including responsiveness to resolving invoicing issues)					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
9. Ability to meet project deadlines					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
10. Overall satisfaction with Vendor					
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:					
Any other information that you would like to share about the Vendor:					
Client Contact Signature & Date					

By signing this form, Vendor acknowledges and gives WSDOT permission to contact the Reference listed above at WSDOT's convenience.

_____ _____

Signature Date

_____ _____

Printed Name Title