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Sample Assessment Report

Organizational performance and service quality

Great Entity Institute
2778 Olaya St.
Riyadh, Saudi Arabia

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Assessment and certification standards.

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Purpose and assessment scope

Fictional worked example. No client engagement or certification is represented.

Example organization

Example Service Centre is an invented organization used to show how an assessment report is structured. Its name, operating records, interviews, results, findings, and dates are illustrative. It does not appear in the certificate register.

Engagement boundary

Reference: SAMPLE-001. Sector: Other. Program: Services. Scope: customer enquiries and service requests delivered through one service centre and its online channel. The example excludes regulated professional services, product safety, and the operations of external suppliers. Evidence period: a hypothetical 12-month operating cycle.

Evidence examined

The example evidence register contains E01 service strategy and accountability map; E02 monthly performance dashboard; E03 a sample of 40 closed requests and 10 overdue requests; E04 30 beneficiary responses and eight complaint records; E05 interviews with six employees and two managers; E06 improvement actions and closure reviews. These identifiers refer to fictional evidence described in this report, not real uploaded files. Additional fictional records: E07 risk and control register; E08 staffing and competence plan; E09 service commitments and process map; E10 incident and recovery exercise log; E11 accessibility review; E12 survey protocol and validation log; E13 improvement prioritization record; E14 cause-analysis worksheets; and E15 lessons and cross-channel practice reviews.

Sampling limitations

The sample is purposive and includes delayed and complained-about cases. It cannot establish the frequency of every failure across the organization. Thirty voluntary responses do not establish statistical representativeness. The example uses them to test specific service concerns alongside transaction records and interviews.

Executive conclusion and scores

The example does not satisfy the certification threshold.

Overall conclusion

Total: 712.5 / 1,000. Each dimension exceeds the minimum 120 / 200, but the overall 800-point threshold is not met. An open major finding also prevents approval. Recommended outcome: defer for corrective action and reassessment. No certificate number is created.

Dimension profile

Leadership and strategy: 150 / 200. Organizational performance: 137.5 / 200. Service quality: 150 / 200. Beneficiary experience: 137.5 / 200. Continuous improvement: 137.5 / 200.

Criterion schedule

L1 37.5; L2 37.5; L3 37.5; L4 37.5.
P1 37.5; P2 25.0; P3 37.5; P4 37.5.
S1 37.5; S2 37.5; S3 37.5; S4 37.5.
B1 25.0; B2 37.5; B3 37.5; B4 37.5.
I1 37.5; I2 37.5; I3 25.0; I4 37.5.
For this arithmetic example, each 37.5-point criterion uses levels 3/3/3/3 and each 25-point criterion uses levels 2/2/2/2. A real report must explain all four ratings for every criterion.

What works well

Responsibilities for routine service decisions are clear in E01 and consistent with the employee interviews in E05. The dashboard in E02 is reviewed monthly. The sampled records show that staff use a common case identifier, making it possible to trace requests across channels.

Priorities for management

First, repair the reconciliation between the dashboard and underlying cases. Second, connect complaints to corrective actions and verify the changes after implementation. Third, compare experiences across channels and include people whose requests remain unresolved.

Complete criterion assessment

All 20 criteria, with fictional evidence references and rating reasons.

L1 - Purpose and priorities

Evidence: E01, E02. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The strategy identifies intended beneficiaries, three service priorities, owners, and review dates. Staff interviews confirm that priorities guide routine decisions. Quarterly reviews compare results with objectives and record changes. The records support a systematic approach within the scope, with limited evidence beyond one operating cycle.

L2 - Accountability and oversight

Evidence: E01, E05, E06. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The responsibility map defines approval and escalation authority. Interviewed employees use the same route, and sampled meeting records assign action owners. Management tracks actions at the next review. The evidence shows consistent use; no claim is made about governance outside the assessed centre.

L3 - Risk and integrity

Evidence: E07, E05. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The register identifies service interruption, data error, supplier, and integrity risks. Owners review controls quarterly and after incidents. Interviews and two sampled control checks support implementation. A revised escalation control follows an incident review, but longer-term effectiveness is not established beyond the evidence period.

L4 - Resources and execution

Evidence: E08, E02, E05. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The staffing plan links expected demand, role competence, and shift coverage. Monthly records compare planned and actual coverage. Interviews and training records show implementation. The manager changed peak-hour coverage after reviewing queues; the evidence supports local learning rather than sustained leading performance.

P1 - Measure definitions and ownership

Evidence: E02, E09. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The indicator dictionary identifies sources, calculation rules, owners, frequency, and target rationale. Management uses it in monthly reviews. Definitions were revised after a channel change. The resolution measure is not applied consistently in the source-to-report process; that distinct reliability failure is rated under P2 and recorded as F01.

P2 - Data reliability

Evidence: E02, E03. Ratings: approach 2, implementation 2, results 2, learning 2. Score: 25.0 / 50. Eight late requests in the sample are classified as on-time because the dashboard uses acknowledgement rather than resolution dates. Reconciliation checks exist but did not detect the error. The defined approach, implementation, reported results, and corrective learning are all partial. F01 remains open; the apparent dashboard result is not accepted as reliable performance evidence.

P3 - Results and trends

Evidence: E02, E03. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. Twelve monthly reports compare demand, backlog, access, and complaint resolution with targets and prior periods. Management examines differences between channels. The unreliable timeliness measure is excluded from positive conclusions pending correction. Other reconciled measures support trend analysis and documented responses within the scope.

P4 - Response to performance gaps

Evidence: E02, E06, E14. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. Significant missed targets trigger documented investigation and an assigned response. The backlog case has a cause analysis, action dates, and subsequent results. Reviews have altered the response where results were weaker than expected. This supports the rating for responding to gaps while the broader effectiveness-check weakness is separately addressed under I3.

S1 - Service commitments

Evidence: E09, E04. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The service catalogue defines users, channels, expected outcomes, and commitments. Staff communicate these consistently in the sampled interactions. Records track whether users received the information. One confusing acknowledgement message was revised following feedback, with a later check of understanding.

S2 - Consistent delivery

Evidence: E09, E03, E05. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The process map defines critical handoffs and supplier dependencies. Sampled cases and interviews show routine use and supervisor exception checks. A handoff checklist was revised after a recurring transfer problem. The evidence supports systematic operation but does not justify a level-4 claim.

S3 - Reliability and continuity

Evidence: E10, E03. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The centre records incidents and delays, assigns recovery responsibility, and has tested a service interruption scenario. The exercise record includes recovery times and a follow-up action that was retested. Delivery controls are supported by direct records; this does not resolve the separate dashboard reconciliation failure in P2.

S4 - Accessibility and resolution

Evidence: E11, E04, E09. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The review identifies language, channel, and assistance barriers. Support and complaint routes are explained at intake. Sampled requests show use of escalation and correction routes. An assistance change was tested after complaints, with evidence of improved completion for the affected group.

B1 - Stakeholder coverage

Evidence: E04, E12. Ratings: approach 2, implementation 2, results 2, learning 2. Score: 25.0 / 50. Most voluntary responses come from quickly closed cases. The sampling plan does not include unresolved cases or compare channels. Coverage design, implementation, resulting insight, and learning remain partial. F02 requires an inclusion plan and a review of who remains absent from the feedback.

B2 - Feedback integrity

Evidence: E12, E04. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The questionnaire uses neutral wording and voluntary participation. The collection protocol separates staff from individual responses, checks duplicates, and logs exclusions. A sampled response audit supports the controls. The protocol was revised after a duplicate-response issue; coverage remains a separate B1 limitation.

B3 - Experience analysis

Evidence: E04, E02. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The analyst reports response numbers and limitations, compares available segments, and checks themes against complaints and operating records. Management reviews the analysis and adjusts questions where meaning is unclear. Conclusions remain bounded by the B1 coverage limitation; the report makes no population-wide satisfaction claim.

B4 - Response and communication

Evidence: E04, E06. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. Important feedback themes have owners, response dates, and follow-up questions. The complaint escalation change is communicated through the service channel, and subsequent feedback is reviewed. The evidence supports a systematic response to the feedback collected, while the missing groups remain an explicit limitation.

I1 - Improvement priorities

Evidence: E13, E02, E07. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The improvement portfolio ranks work by service impact, risk, beneficiary concern, and effort. Review minutes explain selections and deferrals. Two completed priorities have expected benefits and owners. The prioritization method was adjusted after an urgent service risk displaced a lower-impact task.

I2 - Cause analysis and action

Evidence: E14, E06. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. Sampled actions distinguish symptoms from causes and identify milestones, owners, and completion evidence. The handoff problem includes a checked cause hypothesis and a revised process. Follow-up altered the action where the initial response did not address the cause. Effectiveness assurance across the portfolio remains weaker under I3.

I3 - Effectiveness and sustainability

Evidence: E06, E13. Ratings: approach 2, implementation 2, results 2, learning 2. Score: 25.0 / 50. Several actions are marked closed when a procedure is issued. The portfolio has no consistent requirement for a later outcome check or evidence that change is sustained. Some individual checks exist, but the approach, implementation, results, and learning are partial across the scope. Establish effectiveness measures and review dates for significant actions.

I4 - Learning and transfer

Evidence: E15, E05, E09. Ratings: approach 3, implementation 3, results 3, learning 3. Score: 37.5 / 50. The lessons register links changes to updated methods and briefings. Staff from both channels describe the revised handoff, and cross-channel reviews sample its use. The centre adjusted its briefing after one team misunderstood the change. Evidence supports local transfer; wider organizational learning is outside scope.

Findings and corrective action

Illustrative finding records, with evidence and closure conditions.

F01 - major - open

Requirement: reliable service performance information and effective control of service delivery. Evidence: E02 and E03 show eight sampled requests incorrectly reported as on-time. Impact: management and beneficiaries cannot rely on the published resolution performance. Required response: correct the measure definition, reconcile the full reporting period, identify the cause, brief staff, and verify subsequent records. Closure requires an independent check of corrected data and a later sample showing that the control works. A revised procedure alone is insufficient.

F02 - minor - open with action plan

Requirement: feedback appropriate to the people and channels in scope. Evidence: E04 omits unresolved cases and does not distinguish channels. Required plan: the service manager defines sampling groups, includes unresolved cases, records response coverage, and reviews findings against complaints. Example target: within 60 days of accepting the plan. Verify progress at the agreed follow-up; do not invent a completed action.

Management response

For the worked example, management accepts F01 and F02 and proposes the actions above. A real assessment would retain the authorized response, responsible names, target dates, and evidence submitted. The assessor records acceptance of a plan separately from verification of its effectiveness.

Conditions for a further decision

Close F01 with verified evidence. Reassess affected criteria without assuming that action completion automatically produces a higher rating. Confirm all mandatory gates, review the minor action plan, and recalculate the score. Certification remains unavailable unless every decision requirement is met.

Independent review and report use

A worked decision, not an issued certification.

Review conclusion

Defer. The example score is below 800 and F01 remains open. The reviewer agrees that the evidence does not justify certification. The applicant should receive the report, decision reasons, response requirements, and the route for an appeal.

Independence record

A live engagement requires the actual assessor and reviewer identities, competence approvals, conflict declarations, review date, and decision authorization. No names or signatures are supplied in this fictional example.

What the applicant receives

A real report includes the approved scope, evidence period, methods and limitations, all criterion ratings and reasons, dimension totals, strengths, improvement priorities, findings, management responses, and the independent decision. Confidential evidence remains restricted. Only approved certificate details enter the public register.

How to use this sample

Use this report to understand the expected form and depth of an assessment. Do not use its invented evidence, scores, or findings to claim organizational performance. It is not a certificate, an accreditation, or evidence of a completed Great Entity client engagement.