

VENDOR COMPLAINT FORM

DATE: _____

P.O./CONTRACT NO. _____

DATE OF P.O. _____

PURCHASING DIVISION
 111 E. MAPLE AVENUE
 INDEPENDENCE, MISSOURI 64050

VENDOR INFORMATION

DEPARTMENT INFORMATION

NAME: ADDRESS:	NAME: ADDRESS:
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- | | |
|---|--|
| <input type="checkbox"/> Late Delivery
<input type="checkbox"/> Refusal of Vendor to Deliver
<input type="checkbox"/> Delivery Made After Hours
<input type="checkbox"/> Undershipment
<input type="checkbox"/> Overshipment
<input type="checkbox"/> Inadequate Service | <input type="checkbox"/> Substitution by Vendor
<input type="checkbox"/> Inferior or Shoddy Merchandise
<input type="checkbox"/> Merchandise Not Properly Labeled
<input type="checkbox"/> Damaged Shipment <input type="checkbox"/> Carrier Notified
<input type="checkbox"/> Other – Explain Below in Space Provided for “Remarks” |
|---|--|

REMARKS: This space is to be used to: (1) Elaborate on items checked above or (2) Describe additional complaints. Be accurate, specific, complete, and factual.

NAME AND TITLE OF PERSON INITIATING COMPLAINT	AUTHORIZED SIGNATURE
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This form should be filled out and submitted to Purchasing Division by fax: 325-7088. The Agency will retain a copy. This form should not be sent to the vendor by the department.