



VENDOR COMPLAINT FORM

YOUR NAME: _____ YOUR DEPARTMENT: _____
EMAIL ADDRESS: _____ PHONE NO.: _____

DATE COMPLAINT SUBMITTED: _____ P.O. or BPO # : _____
VENDOR: _____ VENDOR CONTACT: _____

NATURE OF THE COMPLAINT

- | | |
|---|---|
| <input type="checkbox"/> 1. LATE DELIVERY | <input type="checkbox"/> 10. SHIPMENT SENT COLLECT |
| <input type="checkbox"/> 2. UNAUTHORIZED SUBSTITUTION | <input type="checkbox"/> 11. REQUEST TO CANCEL (describe below) |
| <input type="checkbox"/> 3. POOR QUALITY | <input type="checkbox"/> 12. OVERSHIPMENT |
| <input type="checkbox"/> 4. POOR WORKMANSHIP | <input type="checkbox"/> 13. FAILURE TO RESPOND TO CALL OR LETTER |
| <input type="checkbox"/> 5. POOR SERVICE | <input type="checkbox"/> 14. FAILED TO RESPOND TO SERVICE REQUEST |
| <input type="checkbox"/> 6. DOUBLE BILLING | <input type="checkbox"/> 15. SHIPPED USED GOODS |
| <input type="checkbox"/> 7. INCORRECT INVOICES | <input type="checkbox"/> 16. RMA (Return Authorization Request) |
| <input type="checkbox"/> 8. FAILED TO MEET SPECIFICATIONS | <input type="checkbox"/> 17. ITEMS MISSING IN SHIPMENT |
| <input type="checkbox"/> 9. UNMARKED/UNIDENTIFIED SHIPMENTS | <input type="checkbox"/> 18. OTHER (describe below) |

DETAILS OF COMPLAINT (attach additional pages if needed)

Has this complaint been resolved by end user or department? Yes No

Would you like to be contacted regarding this complaint? Yes No

Complainant's Signature: _____ Title: _____

Phone #: _____ Date: _____

Fax to the Purchasing dept at: 810-762-5645

Received by: _____ Date: _____

Buyers Action:

Buyers Signature: _____ Date: _____