OCPS A100.0 Form: 041.A100.0 --- Vendor/Product Corrective Action

Prime Vendor:_____

School/Site:_____Site #_____

School/Site Administrator:_____Phone:_____

☐ Service Deficiency ☐ Product Deficiency (check one)

Section I

A. Description of concern(s)

B. Action taken to resolve concern(s)

Delivery Date:_____Invoice #_____

OCPS Purchase Order Number:_____

Date forwarded to PMTL/Contract Manager:_____

Section II: PMTL/Contract Manager corrective action (if required)

Date forwarded to Purchasing Administrator by PMTL/CM:_____

Section III: Action taken by Purchasing Administrator (if required)

Date returned by Purchasing Administrator to the PMTL/CM:_____

Click here to submit to the Purchasing Department