

NOTICE OF

VENDOR COMPLAINT FORM

DATE: _____

P.O./CONTRACT NO. _____

DATE OF P.O. _____

PURCHASE REQUISITION NO. _____

RETURN COMPLETED FORM TO:
Purchasing Department
1458 E. Chestnut Expressway
Springfield, MO 65802

VENDOR INFORMATION

SITE 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"/> Under-shipment
<input type="checkbox"/> Over-shipment
<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 in triplicate. The original and one copy should be sent to the Purchasing Department, 1458 E. Chestnut Expressway, Springfield, Missouri 65802. The site will retain one copy. This form should not be sent to the vendor by the site.