

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:

NAME:

ADDRESS:

ADDRESS:

- ☐ Late Delivery
- ☐ Refusal of Vendor to Deliver
- ☐ Delivery Made After Hours
- ☐ Under-shipment
- ☐ Over-shipment
- ☐ Inadequate Service

- ☐ Substitution by Vendor
- ☐ Inferior or Shoddy Merchandise
- ☐ Merchandise Not Properly Labeled
- ☐ Damaged Shipment ☐ Carrier Notified
- ☐ 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

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.