

ROCKLAND COUNTY PURCHASING DEPARTMENT

VENDOR COMPLAINT REPORT

VENDOR: _____

DEPARTMENT: _____

ADDRESS: _____

AGENCY CONTACT: _____

CITY: _____

P.O. NO. _____

AMOUNT: _____

STATE: _____

ZIP CODE: _____

P.O. DATE: _____

CLASS-ITEM: _____

CONTACT: _____

COMMODITY/SERVICE: _____

NATURE OF THE COMPLAINT

01 LATE DELIVERY

10 SHIPMENT MADE COLLECT

02 UNAUTHORIZED SUBSTITUTION

11 REQUEST TO CANCEL DUE TO BID ERROR

03 POOR QUALITY

13 FAILURE TO FURNISH PRICE LIST/CATALOG

04 FAILURE TO RESPOND TO LETTER OR CALL

14 REPAIR PARTS NOT AVAILABLE

05 POOR SERVICE

15 POOR WORKMANSHIP

06 FAILURE TO RESPOND TO SERVICE CALL

16 FAILURE TO PROVIDE WARRANTY

07 INCORRECT INVOICES

SHIPMENT OF USED GOODS

08 FAILURE TO MEET SPECIFICATIONS

SHORT WEIGHT OR OVERSHIPMENT

FAILURE TO IDENTIFY SHIPMENTS

DETAILS OF COMPLAINT: (Attach second page if necessary)

Has this complaint been resolved? ☐ Yes ☐ No

Complaint's Signature _____

Title: _____

Telephone Number: _____

Date: _____

ACTION TAKEN BY BUYER: Resolution Code No. _____

BUYER: _____

DATE: _____

Original: Purchasing Department

Copy: User Department