

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

VENDOR/PRODUCT COMPLAINT

PURCHASING & WAREHOUSE DEPARTMENT

PURCHASING USE ONLY

Please PRINT all information – One vendor/product per form
Return completed form to the Purchasing Department

DEPARTMENT/SCHOOL INFORMATION

DATE	DEPT/SCHOOL NAME	PHONE NO.	FORM SUBMITTED BY

PRODUCT INFORMATION WAREHOUSE CATALOG ITEM

CHECK (✓) if product was ordered from Warehouse Catalog. Warehouse catalog item #:

Warehouse catalog item description:

PRODUCT INFORMATION OTHER

PRODUCT NAME AND/OR DESCRIPTION

VENDOR INFORMATION

VENDOR/COMPANY NAME	VENDOR/COMPANY CONTACT PERSON
VENDOR/COMPANY ADDRESS	VENDOR/COMPANY PHONE NUMBER

NATURE OF COMPLAINT Please be specific

Is this a problem you have experienced in the past? YES NO

RECOMMENDATIONS

PURCHASING DEPARTMENT USE ONLY FOLLOW UP/REPLY

Complaint reviewed by: