

SECTION 1		
Agency: Medical College of Georgia	Agency Code: 512	Date:
Address: Purchasing Div - HS Bldg		GCC Code:
Augusta, Georgia 30912-8202		Purchase Order #:
Signature:	Title:	Phone #:
Vendor #:		
SEND 3 COPIES TO VENDOR, 1 COPY TO STATE PURCHASING, DOAS, FILE 1		Type of Purchase:
To (Vendor):		Date of Purchase Order:
Address:		Buyer Code:
		Telephone #:
Vendor Contact:		Phone #:
GENTLEMEN: We have the following complaint:		
SECTION 2		
VENDOR REPLY (Send 2 copies to Agency, 1 copy to State Purchasing Office, Suite 1608, West Tower, 200 Piedmont Ave, SE, Atlanta, Georgia, 30334-9010 DATE OF REPLY _____		
SECTION 3		
AGENCY REPLY (To State Purchasing Office)		
REMARKS:		
DATE Complaint resolved _____		

SIGNATURE: _____
(State Purchasing Agent)