COMPLAINT TO VENDOR FORM

TO:

Name of Vendor: ____________________________
Contact Name: ____________________________
Title: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip Code: ____________________________
Phone No: ____________________________

NOTE: VENDOR MUST SUBMIT THEIR WRITTEN REPLY TO VCU BY THE DATE AND TIME STIPULATED BELOW. ATTACH YOUR RESPONSE AND PROPOSED CORRECTIVE ACTION AND MAIL TO VCU PURCHASING, ATTN: MANAGER, CONTRACT ADMINISTRATION, BOX 980327, RICHMOND, VA 23298-0327.

FROM:

Name: ____________________________
VCU Contact: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip Code: ____________________________
Phone No: ____________________________
Signature: ____________________________
Date: ____________________________
Contract No: ____________________________
P.O. No: ____________________________
P.O. Date: ____________________________
Description: ____________________________

NATURE OF COMPLAINT:

<table>
<thead>
<tr>
<th>INVOICE/PAYMENT</th>
<th>DELIVERY</th>
<th>SPECIFICATION/ AGREEMENTS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ INVOICE PRICE INCORRECT</td>
<td>□ SHIPPED TO WRONG LOCATION</td>
<td>□ DID NOT MEET SPEC.</td>
<td>□ POOR CUSTOMER SERVICE</td>
</tr>
<tr>
<td>□ INCORRECT QUANTITY</td>
<td>□ PARTIAL DELIVERY</td>
<td>□ UNAUTHORIZED SUBSTITUTION</td>
<td>□ SHORT/OVERWEIGHT OR COUNT</td>
</tr>
<tr>
<td>□ ITEMS DID NOT SHIP</td>
<td>□ TIME OF DELIVERY INAPPROPRIATE</td>
<td>□ DAMAGED PRODUCT</td>
<td>□ UNSATISFACTORY INSTALLATION</td>
</tr>
<tr>
<td>□ IMPROPER METHOD OF DELIVERY</td>
<td>□ LACKS INSPECTION REPORT</td>
<td>□ FAILURE TO IDENTIFY SHIPMENT PER CONTRACT TERMS</td>
<td></td>
</tr>
<tr>
<td>□ DAMAGED SHIPMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ LATE/NO DELIVERY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER OR FURTHER EXPLANATION:

ACTION REQUIRED BY VENDOR:

Written response is required by _______.

VCU Departments – Submit form to University Purchasing, Box 980327, Attn: Manager, Contract Administration or email to contracts@vcu.edu