



VCU Procurement Services

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:			Phone No:	
City:	State:	Zip Code:	Signature:	

Date:	Contract No:	P.O. No:	P.O. Date:	Description:
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NATURE OF COMPLAINT:

INVOICE/PAYMENT	DELIVERY	SPECIFICATION/AGREEMENTS	OTHER
<input type="checkbox"/> INVOICE PRICE INCORRECT	<input type="checkbox"/> SHIPPED TO WRONG LOCATION	<input type="checkbox"/> DID NOT MEET SPEC.	<input type="checkbox"/> POOR CUSTOMER SERVICE
<input type="checkbox"/> INCORRECT QUANTITY	<input type="checkbox"/> PARTIAL DELIVERY	<input type="checkbox"/> UNAUTHORIZED SUBSTITUTION	<input type="checkbox"/> SHORT/OVER WEIGHT OR COUNT
<input type="checkbox"/> ITEMS DID NOT SHIP	<input type="checkbox"/> TIME OF DELIVERY INAPPROPRIATE	<input type="checkbox"/> DAMAGED PRODUCT	<input type="checkbox"/> UNSATISFACTORY INSTALLATION
	<input type="checkbox"/> IMPROPER METHOD OF DELIVERY	<input type="checkbox"/> LACKS INSPECTION REPORT	<input type="checkbox"/> FAILURE TO IDENTIFY SHIPMENT PER CONTRACT TERMS
	<input type="checkbox"/> DAMAGED SHIPMENT		
	<input type="checkbox"/> LATE/NO DELIVERY		

OTHER OR FURTHER EXPLANATION:

ACTION REQUIRED BY VENDOR:

Written response is required by _____.