



CITY OF RICHMOND

900 E. Broad Street
Richmond, VA 23219

**PROCUREMENT SERVICES
VENDOR COMPLAINT FORM**

Vendor's Name: _____
 Vendor's Address: _____
 City, State, Zip: _____
 Vendor Federal ID No.: _____
 Telephone/E-mail: _____
 Contract Specialist: _____

Date Filed: _____
 PO No./Date: _____
 Contract No.: _____
 Item: _____
 Person filing complaint signature: _____

1. ACTION TAKEN BY AGENCY:

- | | |
|--|---|
| <p><u>VENDOR CONTACT</u> <u>DATE(S)</u></p> <p><input type="checkbox"/> Agency contacted the Vendor _____</p> <p><input type="checkbox"/> Routine Tracer Sent _____</p> <p><input type="checkbox"/> Personal Letter Sent _____</p> <p><input type="checkbox"/> Vendor Contacted Agency _____</p> <p><input type="checkbox"/> Contract Specialist Contacted Vendor _____</p> | <p><u>VENDOR RESPONSE</u></p> <p><input type="checkbox"/> No Response Compliance</p> <p><input type="checkbox"/> Denied Responsibility</p> <p><input type="checkbox"/> Offered Unacceptable Solution</p> <p><input type="checkbox"/> Resolved (<i>File for Record</i>)</p> <p><input type="checkbox"/> Other (<i>See Attachment</i>)</p> |
|--|---|

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Name of Agency:		
Address:		
City:	State:	Zip Code:

Contact Name:	Title:
Signature:	
Phone Number:	

2. COMPLAINT:

- a. Delivery
- | | | | |
|-------------------------|-----------------------|---------------------------|------------------------|
| Required Delivery Date: | Actual Delivery Date: | Partial Delivery Date(s): | Not Recv'd As of Date: |
|-------------------------|-----------------------|---------------------------|------------------------|
- b. Price
- | | |
|-----------------------|----------------|
| Contract / P.O.Price: | Invoice Price: |
|-----------------------|----------------|
- c. Quality / Specifications: (*Be Specific*) _____
- d. Other: (*Explain*) _____

NOTE: SUBMIT YOUR WRITTEN REPLY BELOW WITHIN TEN (10) CALENDAR DAYS OF RECEIPT OF THIS COMPLAINT. INDICATE YOUR CORRECTIVE ACTION BELOW AND MAIL A COPY TO THE ORIGINATING AGENCY/LOCALITY AND A COPY TO PROCUREMENT SERVICES, 900 E. Broad Street, Room 1104, Richmond, VA 23219. ATTACH ADDITIONAL SHEETS FOR YOUR RESPONSE IF REQUIRED. FAILURE TO RESPOND MAY RESULT IN REMOVAL.

VENDOR'S RESPONSE: _____

NAME: _____ **TITLE:** _____ **PHONE:** _____ **DATE:** _____

DISTRIBUTION: Mail 2 copies to Vendor; Mail 1 copy to DGS/DPS; Mail 1 copy to Department



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PREPARATION INSTRUCTIONS FOR VENDOR COMPLAINT FORM

(All fields required to be completed).

1. **Vendor's Name:** The name of the vendor providing the goods/service.
2. **Vendor's Address:** The address of the vendor who provided the Goods or Service.
3. **City, State, Zip:** The City, State, and Zip of the vendor.
4. **Vendor Federal ID No.:** The Federal ID number of the vendor providing the Goods/Service.
5. **Telephone/Email:** The telephone number and email address of the vendor.
6. **Contract Specialist:** The name of the Contract Specialist responsible for this contract.
7. **Date Filed:** The date this complaint form was prepared.
8. **PO No./Date:** The Purchase Order number and the date the purchase order was prepared.
9. **Item:** The goods/service identified on the above Purchase Order number.
10. **Person filing complaint signature:** The signature of the person completing the complaint form.
11. **Action taken by agency:**
12. **Vendor Contact:** Indicate the type of contact made with the vendor and the date the contact was made.
13. **Vendor Response:** Mark the type of response received from the vendor.
14. **From:** Enter the name of the Agency, the address including City, State, and Zip. Include also the contact name, title, phone number, and signature of the person completing the complaint form.
15. **Complaint:** The person completing the form marks the appropriate block for the type of complaint being made against the vendor. The following instructions are provided for each option:
16. **Delivery:** Enter the Required Delivery Date of the goods/service. Complete the remaining three blocks as required.
17. **Price:** Enter the contracted price and the actual price charged by the vendor.
18. **Quality/Specifications:** Give specific details explaining the shortfall of the quality of the goods/service received or the specifications not being met.
19. **Other:** Explain in detail any discrepancy encountered with the goods/service received that is not covered in the above options.
20. **Vendor's Response:** This space is reserved for the vendor to provide feedback to the Contract Specialist concerning the complaint against them. The vendor should also provide the name of the person responding to the complaint, their title, phone number, and the date the form the response was prepared.