



Vendor Dissatisfaction Form

COOPERATIVE PURCHASING/PURCHASING
Cooperativebids@CiTiboces.org

Use this form if a vendor is consistently at fault for any of the following reasons and/or you would like to inform Purchasing of your dissatisfaction. Please be assured the information you submit to Purchasing is confidential. We will notify you at an appropriate time when action is to be taken.
*(*must be completed)*

*Date: _____

Your Information

*Full Name _____ Department/Division _____

*Phone Number _____ email Address _____

Vendor Information

*Vendor Name _____

*P.O. Number _____ P.O. Date _____

Details of Complication/Incident

*Bid Name and Number _____ Line Item Number _____

Description of Item _____

*Nature of Dissatisfaction

- Delivery not made as ordered (ex: received incorrect item)
- Delivery made at unsatisfactory hour
- Delivery made to wrong destination
- Improper method of delivery
- Unauthorized delivery made before issuance of a PO
- Delivery in damaged condition
- Quality of product is inferior
- Unauthorized substitute delivered by vendor
- Unsatisfactory workmanship in installation of commodity
- Commodity lacks required inspection stamps
- Invoice errors (ex: price higher than authorized)
- Quantity delivered in excess of order
- Quantity delivered less than ordered
- Other (describe):

Comments

Tell us about any conversations or contacts to date that you have had with the vendor. Please be accurate, complete and factual!

Tell us your suggestion(s) for resolving your complaint