

OCONEE COUNTY PROCUREMENT OFFICE

VENDOR COMPLAINT REPORT

Vendor: _____ Department: _____

Address: _____ Dept. Contact: _____

City: _____ P. O. #: _____ Amount \$ _____

State: _____ Zip Code: _____ P. O. Date: _____

Vendor Contact: _____

Vendor Phone: _____

NATURE OF COMPLAINT

- | | |
|--|--|
| _____ Late Delivery | _____ Shipment Made Collect (COD) |
| _____ Unauthorized Substitution | _____ Failure to Replace Damaged Goods |
| _____ Poor Quality | _____ Repair Parts Not Available |
| _____ Failure to Respond to Letter or Call | _____ Incorrect Invoice |
| _____ Poor Service | _____ Order filled with Used Goods |
| _____ Failure to Respond to Service Call | _____ Failure to Identify Shipments |
| _____ Failure to Honor Warranty | _____ Short Weight or Overshipment |
| _____ Failure to Meet Specifications | |
| _____ Other (specify) _____ | |

Detail of Complaint: (Include actions taken by department such as dates you contacted the vendor, detail of conversation, name of person you spoke with, etc (Attach second page if necessary))

Has complaint been resolved? _____yes _____no

Complainant's Signature: _____ **Title:** _____

Phone: _____ Date: _____

Action Taken By Procurement:

_____ **Procurement Office** **Date:** _____