

Alabama State University
PURCHASING OFFICE
1301 West Fifth Street
Physical Plant Building – Room 104
Phone: 229-4406 Fax: 229-4954

Vendor Complaint Report

This form is to be used to document any complaints against vendors, commodities, or to report any unsatisfactory services.

Vendor's Name: _____

Vendor's Address: _____

City: _____ **State:** _____ **Zip:** _____

Purchase Order Number: _____ **or Bid Number:** _____

NATURE OF COMPLAINT

<input type="checkbox"/> Delivery not made on date promised	<input type="checkbox"/> Unauthorized delivery
<input type="checkbox"/> Delivery made to wrong destination	<input type="checkbox"/> Improper method of delivery or handling
<input type="checkbox"/> Delivery of damaged goods	<input type="checkbox"/> Other:

<input type="checkbox"/> Quality of commodity is inferior	<input type="checkbox"/> Unsatisfactory substitute item delivered
<input type="checkbox"/> Unsatisfactory workmanship or installation	<input type="checkbox"/> Unsatisfactory or improper packaging

<input type="checkbox"/> Quantity delivered less than ordered	<input type="checkbox"/> Unsatisfactory service response
<input type="checkbox"/> Quantity delivered in excess of order	<input type="checkbox"/> Improper method of delivery or handling
<input type="checkbox"/> Delivery of damaged goods	<input type="checkbox"/> Excessive billing discrepancies

Give detailed explanation of complaint in space below or attach additional page to this form.

Complaint Initiated By:

Name _____ **Title/Division:** _____ **Phone #:** _____

Date: _____

After completion, send or fax to Purchasing Office.