



VENDOR COMPLAINT FORM

ARLINGTON PUBLIC SCHOOLS

SEE BACK FOR INSTRUCTIONS

1.Full Legal Name of Vendor				2.Vendor Contact Person				
3.Vendor Address				4.Vendor Phone Number				
				5.Date This Form Completed				
6.School/Dept. Name			7.School/Dept. Contact Person					
			Printed Name:					
8.School/Dept. Phone		9.School/Dept. Email		11.Signature:				
				10.P. O. # :		12.BID/RFP/QUOTE #:		
				NO	YES	DATE	DATE	DATE
13.VENDOR WAS SENT COPY OF THIS COMPLAINT FORM :								
				NO	YES	DATE	CONTACT PERSON	
14.VENDOR WAS PHONED ABOUT THIS COMPLAINT:								
				NO	YES	DATE	DATE	DATE
15.VENDOR WAS SENT LETTER ABOUT THIS COMPLAINT: (Attach Copy of Each Letter Sent to Vendor)								
16.COMPLAINT ABOUT DELIVERY →	Required Delivery Date	Actual Delivery Date	Partial Delivery Date	Not Received As Of	Other (Explain):			
17.COMPLAINT ABOUT INVOICE PRICE →	Invoice Does Not Match Quote	Invoice Does Not Match Contract	Invoice Does Not Match P. O.	Other (Explain):				
18.COMPLAINT ABOUT ITEM QUALITY (BE SPECIFIC) →								
19.OTHER COMPLAINT (BE SPECIFIC) →								
20.DEPARTMENT:	State below what response or action you expect from the Vendor.							
21.VENDOR:	State your response below or attach additional sheet(s) and email to the School/Dept. Respond within 7 days after receipt. (see #9 above for School/Dept. email) and copy purchasing@apsva.us .							
	Date	Purchasing Action		Vendor Contact Person		Copy Attached		
			Date			Yes		No
COPY OF THIS FORM RECEIVED FROM SCHOOL/DEPT.		Saved to File						
VENDOR RESPONSE RECEIVED IN PURCHASING		No contact with Vendor						
		Phoned Vendor						
COPY OF VENDOR RESPONSE SENT TO SCHOOL/DEPT.		Emailed Vendor				Yes		No

VENDOR COMPLAINT FORM INSTRUCTIONS

The VENDOR COMPLAINT FORM may be used to register a formal complaint about a vendor with the vendor and/or the Purchasing Office.

COMPLETION OF THE FORM

1. FULL LEGAL NAME OF VENDOR – the full name of the vendor as it appears on the contract or purchase order along with the vendor's street address, city, state and zip code.
2. VENDOR CONTACT PERSON – the name and phone number of the person at the vendor's address to whom the complaint is to be sent.
3. VENDOR ADDRESS – enter the complete mailing address of the vendor.
4. VENDOR PHONE NUMBER – enter area code and phone number.
5. DATE FORM COMPLETED – the date the form is completed.
6. SCHOOL/DEPARTMENT NAME – enter the school/department name
7. SCHOOL/DEPARTMENT CONTACT PERSON, PRINTED NAME – print or type the school/department contact person's name
8. SCHOOL/DEPARTMENT PHONE NUMBER – enter the school/department area code and phone number.
9. SCHOOL/DEPARTMENT FAX NUMBER – enter the school/department email address.
10. P.O. # – include the purchase order number, if applicable.
11. SIGNATURE – the name of the person in the department the vendor should contact.
12. BID/RFP/QUOTE # – enter the appropriate solicitation number related to this complaint.
13. VENDOR WAS SENT COPY OF THIS COMPLAINT FORM – enter yes or no, as applicable, and the date copy was sent.
14. VENDOR WAS PHONED ABOUT THIS COMPLAINT – enter yes or no, as applicable, and the date(s) vendor was called, and the name of the person spoken to.
15. VENDOR WAS SENT LETTER ABOUT THIS COMPLAINT – enter yes or no, as applicable, and the date(s) of each letter.
16. COMPLAINT ABOUT DELIVERY – if related to delivery, enter the appropriate information here.
17. COMPLAINT ABOUT INVOICE PRICE – if related to invoice pricing, enter the appropriate information here.
18. COMPLAINT ABOUT ITEM QUALITY – if related to the quality of the item(s) received, enter the appropriate information here.
19. OTHER COMPLAINT – if not related to other areas previously mentioned, enter nature of complaint here.
20. DEPARTMENT REQUEST – enter what action the department wishes the vendor to take.
21. VENDOR RESPONSE – leave this blank.