

**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**

- |   |   |
|---|---|
| <input type="checkbox"/> Late Delivery                        | <input type="checkbox"/> Shipment Made Collect (COD)      |
| <input type="checkbox"/> Unauthorized Substitution            | <input type="checkbox"/> Failure to Replace Damaged Goods |
| <input type="checkbox"/> Poor Quality                         | <input type="checkbox"/> Repair Parts Not Available       |
| <input type="checkbox"/> Failure to Respond to Letter or Call | <input type="checkbox"/> Incorrect Invoice                |
| <input type="checkbox"/> Poor Service                         | <input type="checkbox"/> Order filled with Used Goods     |
| <input type="checkbox"/> Failure to Respond to Service Call   | <input type="checkbox"/> Failure to Identify Shipments    |
| <input type="checkbox"/> Failure to Honor Warranty            | <input type="checkbox"/> Short Weight or Overshipment     |
| <input type="checkbox"/> Failure to Meet Specifications       |   |
| <input type="checkbox"/> 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:** \_\_\_\_\_