



Office of Procurement

Vendor Complaint Form

Complete this form to report complaints against vendor performance. Furnish all necessary details to make satisfactory resolution. Please verify all information to insure accuracy as it becomes a permanent record of the Procurement Office and serves as a guide for future business actions.

Department Name: _____

Vendor Name: _____

Associated Bid/ Purchase Order No.: _____

Nature of Complaint:

- | | |
|---|--|
| <input type="checkbox"/> Delayed delivery of goods/services | <input type="checkbox"/> Improper method of delivery or handling |
| <input type="checkbox"/> Damaged goods | <input type="checkbox"/> Inferior quality of product/service |
| <input type="checkbox"/> Poor customer service | <input type="checkbox"/> Excessive billing discrepancies |
| <input type="checkbox"/> Unauthorized substitute items | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Did not meet specifications | |
| <input type="checkbox"/> Delivered to wrong destination | |

Remarks: Please provide a detailed explanation of the nature of complaint (s):

Submitted by: _____ Date: _____

Send completed form to Procurement Office, 9221 Corporate Boulevard, Rockville, MD 20850 or fax to 240-567-6397.