

COMMONWEALTH OF VIRGINIA
Department of General Services
Division of Purchases and Supply
PROCUREMENT COMPLAINT FORM

INSTRUCTIONS FOR COMPLETING THE PROCUREMENT COMPLAINT FORM:

Form Preparation Instructions

Heading: Vendor /Agency information and distribution instructions.

1. Insert the full name and address of the vendor/agency and Insert the eVA Number when submitting the report.
2. Name the person that is to be contacted.
3. **Any responsible person's signature is acceptable (Authorized Vendor/Agency Signature).**
4. Insert phone number of contact person.

Closure: Agency and Order Entry Information

1. Insert the full name and address of the agency/vendor against which this report is filed.
2. Insert the agency representative/buyer/vendor you last contacted, including the phone number and extension.
3. Insert buyer /agency/vendor representative signature.
4. Insert date this form was initiated.
5. Insert the bid number if not an agency order.
6. Insert the purchase order number
7. Insert the purchase order date.
8. Insert the contract number if using state or single agency contract.
9. Insert generic commodity name of the item. Example: chair, etc.
10. Insert Agency Code/ eVA number.

Nature of Complaint: Insert (X) for principle reason (s) for complaint. Attach additional information and documentation.

NOTE:

1. Additional documentation can be attached to e-mail or faxed.
2. Transmit Copy by e-mail, fax or postal delivery.
3. Send via Email to: valerie.deloach@dgs.virginia.gov , fax (804) 786-5413 or mail to 1111 E. Broad Street, Richmond ,VA
23218-1199.
4. Agency/Vendor must print or save a copy for their files.
5. **This form may be used by both Agency and Vendor for complaint issues concerning contracts.**

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FOR DPS USE ONLY	File Date:	Status:	File No:
	Action/Date:		

TO:

Name of Vendor and eVA# / Agency & Agency Code :		
Address:		
City:	State:	Zip Code:

Contact Name:	Title:
Signature:	
Phone No:	

NOTE: VENDOR/AGENCY MUST SUBMIT THEIR WRITTEN REPLY BELOW WITHIN TEN (10) DAYS OF RECEIPT OF THIS REPORT. INDICATE YOUR COUNTERMEASURE/CORRECTIVE ACTION BELOW AND MAIL A COPY TO THE ORIGINATING AGENCY AND A COPY TO THE CONTRACT COMPLIANCE OFFICER, DIVISION OF PURCHASES AND SUPPLY, P.O. BOX 1199, RICHMOND, VA 23218-1199. ATTACH ADDITIONAL SHEETS FOR YOUR RESPONSE IF REQUIRED.

FROM:

Agency/Vendor Name:		
Address:		
City:	State:	Zip Code:

Agency /Vendor Contact :
Phone No:
Buyer/Vendor Signature:

Date:	Agency Code/ Vendor eVA#:	Contract No:	P.O. No:	P.O. Date:	Description:
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NATURE OF COMPLAINT

INVOICE/PAYMENT	DELIVERY	SPECIFICATION/AGREEMENTS	OTHER
NON-PAYMENT	DELIVERY REFUSED	SPECS DELAYED	AGENCY DELAYS
LATE PAYMENT	SHIPPED TO WRONG LOCATION	MODIFICATION (NO CHANGE ORDER)	UNAUTHORIZED CANCELLATION
INCORRECT PAYMENT	PARTIAL DELIVERY	BID SAMPLE PROBLEMS	UNAUTHORIZED PURCHASE FROM NON-CONTRACT VENDOR
REFUSED LATE CHARGES	TIME OF DELIVERY INAPPROPRIATE	DID NOT MEET SPEC.	POOR CUSTOMER SERVICE
INVOICE PRICE INCORRECT	IMPROPER METHOD OF DELIVERY	UNAUTHORIZED SUBSTITUTION	SHORT/OVER WEIGHT OR COUNT
INCORRECT QUANTITY	DAMAGED SHIPMENT	DAMAGED PRODUCT	UNSATISFACTORY INSTALLATION
ITEMS DID NOT SHIP	LATE/NO DELIVERY	LACKS INSPECTION REPORT	FAILURE TO IDENTIFY SHIPMENT PER CONTRACT TERMS
<u>OTHER OR FURTHER EXPLANATION:</u>			

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COUNTERMEASURES:

(Agency/Vendor: Be accurate, complete and factual. Indicate manner in which you suggest complaint be settled.)

FOR DPS USE ONLY	File No: _____
	Action/Date: Resolved _____ Removed from Bidder List _____ Suspension _____ Debarment _____ Contract Compliance Officer _____