

Division of Purchases- Vendor Complaint Form for State Agency Use

Submit this form to the RI Division of Purchases, Department of Administration One Capitol Hill,
Providence, RI 02908

Vendor Name	PO/Bid Number	Complaint No.*
Dept/Agency Name	Contact Tel. No	Date Report Filed
Dept Contact Person	Contact EMail	Name of Buyer
Vendor Contact Person (Name of Person Agency has been working with)	Vendor Contact Tel.	Vendor Contact Email

COMPLAINT CODE [Circle Appropriate Code(s)]

01	Late Delivery	11	Untimely Request to Cancel Due to Bid Error
02	Unauthorized Substitution	12	Failure to Furnish Price List or Catalog
03	Poor Quality	13	Failure or Slow Replacement of Damaged Goods
04	Failure to Respond to Letter or Phone Call	14	Repair Parts Not Available
05	Poor Service	15	Poor Workmanship
06	Failure to Respond Promptly to Service Calls	16	Failure to Provide Warranty
07	Incorrect Invoices	17	Shipment of Used or Shopworn Goods
08	Failure to Meet Specifications	18	Short Weight
09	Failure to Identify Shipments	19	Failure to Pick Up Incorrect Shipment
10	Shipments Made Collect	20	Improper Product Packaging
11	Untimely Request to Cancel Due to Bid Error	21	Failure to Provide Required Doc per Contract Terms
12	Failure to Furnish Price List or Catalog	22	Delivery not Made per Contract Terms
99	OTHER (Describe)		

AGENCY COMMENTS

Name of Person Filing Report:	Date Received	Date Resolved
Signature of Person Filing Report:	Final Disposition	