



**UNIVERSITY OF CHICAGO
PURCHASING AND PAYMENT SERVICES
VENDOR COMPLAINT REPORT**

Department Name: _____ Department Code No: _____
 Date of Complaint: _____ Purchase Requisition No.: _____
 Contract Award No.: _____ Purchase Order No.: _____
 Vendor Name: _____
 Vendor Address: _____
 Commodity or Service covered by Complaint: _____

Complete this form to report complaints against vendors, commodities, or to report an unsatisfactory service by Purchasing and Payment Services.

Be sure to furnish all necessary information in order that a satisfactory settlement of the complaint can be made.

Please verify all information to insure accuracy. Complaint reports become a permanent record of the commodity or vendor concerned and must be accurate to guarantee settlement and to serve as a guide for future action.

NATURE OF COMPLAINT

Delivery

- | | |
|---|---|
| Delivery not made on date promised | Unauthorized delivery |
| Delivery made to wrong destination | Improper method of delivery or handling |
| Delivery made at an unsatisfactory or inconvenient hour | Delivery of damaged goods |

Quality

- | | |
|--|---|
| Quality of commodity is inferior | Unsatisfactory and unauthorized substitute item delivered by vendor |
| Unsatisfactory workmanship in installation | Unsatisfactory or improper packaging |

Other

- | | |
|--------------------------------------|---------------------------------------|
| Invoice price higher than authorized | Quantity delivered in excess of order |
| Quantity delivered less than ordered | Unsatisfactory service response |

REMARKS

(NOTE: In the multiline area below, use the 'tab' key to fill in the next line.)

COMPLAINT INITIATED BY: _____
 (Department) Name Title Phone No.

COMPLAINT FORM EXECUTED BY: _____
 (Purchasing and Payment Services) Name Title

SEND COMPLETED FORM TO: Purchasing and Payment Services, 6054 S. Drexel Avenue, Suite 400, Chicago, IL 60637-2801