



**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**