

NOTICE OF

Department of Administration  
Division of Purchases  
DA-112 (Rev. 1/94)  
(KSU Rev. Date 2/2000)

COMPLAINT TO VENDOR

DATE: 1

P.O./CONTRACT NO. 6

DATE OF P.O. 7

PURCHASE REQUISITION NO. 4

GROUP NO. 5

DIVISION OF PURCHASES  
900 SW JACKSON, ROOM 102 N  
TOPEKA, KANSAS 66612-1286

VENDOR INFORMATION

AGENCY INFORMATION

NAME: <u>2</u>  ADDRESS:	NAME: <b>Kansas State University</b>  ADDRESS: <u>3</u>
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<input type="checkbox"/> Late Delivery <input type="checkbox"/> Refusal of Vendor to Deliver <input type="checkbox"/> Delivery Made After Hours <input type="checkbox"/> Undershipment <input type="checkbox"/> Overshipment <input type="checkbox"/> Inadequate Service	<input type="checkbox"/> Substitution by Vendor <input type="checkbox"/> Inferior or Shoddy Merchandise <input type="checkbox"/> Merchandise Not Properly Labeled <input type="checkbox"/> Damaged Shipment <input type="checkbox"/> Carrier Notified <input type="checkbox"/> Other- Explain Below in Space Provided for "Remarks"
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REMARKS: This space is to be used to: (1) Elaborate on items checked above or (2) Describe additional complaints. Be accurate, specific, complete, and factual.

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<u>10</u> NAME AND TITLE OF PERSON INITIATING COMPLAINT	<u>11</u> AUTHORIZED SIGNATURE
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