NOTICE OF

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

<table>
<thead>
<tr>
<th>VENDOR INFORMATION</th>
<th>AGENCY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>Kansas State University</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>NAME:</td>
<td></td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
</tbody>
</table>

☐ Late Delivery
☐ Refusal of Vendor to Deliver
☐ Delivery Made After Hours
☐ Undershipment
☐ Overshipment
☐ Inadequate Service
☐ Substitution by Vendor
☐ Inferior or Shoddy Merchandise
☐ Merchandise Not Properly Labeled
☐ Damaged Shipment
☐ Carrier Notified
☐ Other- Explain Below in Space Provided for "Remarks"

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.

9

This form should be filled out in triplicate. The original and one copy should be sent to KSU Purchasing, 21 Anderson Hall, Manhattan, KS 66506. The Department will retain one copy. This form should not be sent to the vendor by the Department.