

NOTICE OF COMPLAINT TO VENDOR

Date: _____

P.O./CONTRACT NO. _____

DATE OF P.O. _____

VENDOR INFORMATION

DEPARTMENT INFORMATION

NAME: ADDRESS:	NAME: KANSAS STATE UNIVERSITY DEPT: ADDRESS: PHONE: E-MAIL:
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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/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"/> Damage Shipment <input type="checkbox"/> Carrier Notified <input type="checkbox"/> Other-Explain Below in Space Provided for "Remarks"
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REMARKS (attach additional pages, if necessary):

- (1) Elaborate on items checked above;
- (2) What steps have been take to resolve the issues;
- (3) Describe additional complaints. Be accurate, specific, complete, and factual.
- (4) What resolution is desired?

_____ NAME AND TITLE OF PERSON INITIATING COMPLAINT	_____ AUTHORIZING SIGNATURE (Dept Head)
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Send to Kansas State University Purchasing, 2323 Anderson Ave., Suite 500, Manhattan, KS 66502. The Department will retain one copy. This form should not be sent to the vendor by the Department.