

Supplier Complaint Review Process Form

FILE NUMBER: _____

Internal Use Only

Name: _____

Title: _____

Supplier Name: _____

Address: _____

City: _____ Postal Code: _____

Business Phone: _____ Alternate Phone: _____

Fax Number: _____ Email Address: _____

Competition or Contract number: _____

Please provide the following information (attach additional information as necessary):

1. Description of the complaint.
2. Background leading to the complaint (initial actions and public body response, relevant dates, and the actions of the parties).
3. Who have you dealt with to date regarding the complaint? **(names, titles, phone numbers)**.
4. Describe any other action you have taken.

Signature: _____

Date: _____