

Auburn University Procurement & Payment Services Vendor Complaint Form

Campus departments should use this form to report any vendor complaints. Please note that all complaints should be reported to PPS as soon as possible, so appropriate action can be taken.

Department Name: _____ Vendor ID Number: _____

Vendor Name: _____

Vendor Address: _____

Vendor City: _____ State: _____ Zip: _____

Date of Complaint: _____ PO or Bid Number: _____

NATURE OF COMPLAINT

Delivery

- | | |
|---|--|
| <input type="checkbox"/> Delivery not made on promised date | <input type="checkbox"/> Improper method of delivery or handling |
| <input type="checkbox"/> Delivery made to the wrong destination | <input type="checkbox"/> Delivery of damaged goods |
| <input type="checkbox"/> Unauthorized delivery | <input type="checkbox"/> Delivery made at an unsatisfactory hour |

Customer Service

- ☐ Sales representative was not helpful or could not be reached
- ☐ Customer service inquiries were not handled in a timely manner

Quality

- ☐ Quality of product/service is inferior
- ☐ Unsatisfactory and unauthorized substitute item delivered by vendor
- ☐ Unsatisfactory workmanship and/or installation
- ☐ Unsatisfactory or improper packaging

Other

- ☐ Excessive billing discrepancies
- ☐ Unsatisfactory service response

Remarks: Please give a detailed explanation of the complaint(s) in this section.

Preparer: _____ Date: _____

Send completed form to Missty Kennedy, Procurement and Payment Services, 311 Ingram Hall or fax to 334-844-4306.

(Rev. 05/10)