

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

Delivery not made on promised date	Improper method of delivery or handling
Delivery made to the wrong destination	Delivery of damaged goods
Unauthorized delivery	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)