

**INSTRUCTIONS FOR COMPLETING THE COMPLAINT TO STATE VENDOR
FORM:**

COMPLAINT TO STATE VENDOR DGS-41-024

Form Preparation Instructions

Heading: Vendor and Order Entry Information

1. Insert the full name and address of the vendor against which this complaint is filed.
2. Insert the vendor representative you last contacted, including the phone number and extension.
3. Insert the vendor F.I.N. or Social Security Number
4. Insert date this form was initiated.
5. Insert agency code #236.
6. Insert the purchase order number
7. Insert the purchase order date.
8. Insert the contract number if using state or single agency contract.
9. Insert generic commodity name of the item. Example: chair, etc.
10. Insert the name of appropriate buyer.

Section I To reduce redundant effort, state previous action and any results.

Section II Insert principle reason for complaint. Attach additional information if needed.

COMMONWEALTH OF VIRGINIA
 Department of General Services
 Division of Purchases and Supply
COMPLAINT TO STATE VENDOR

FOR DPS USE ONLY	File Date:	Status:	File No:
	Action/Date:		

**T
O**

Vendor Name:		
Address:		
City:	State:	Zip Code:

Vendor Contact:
Phone No:
Vendor F.I.N. No:

Date:	Agency Code:	Requisition No:	P.O. No:	P.O. Date:	Contract No.	Item:
						Buyer:

I. PREVIOUS ACTION TAKEN:

VENDOR CONTACT

DATES

VENDOR RESPONSE

- | | | | |
|--|-------|--------------------------|--|
| <input type="checkbox"/> Agency Contacted Vendor | _____ | <input type="checkbox"/> | <input type="checkbox"/> No Response Compliance |
| <input type="checkbox"/> Routine Tracer Sent | _____ | <input type="checkbox"/> | <input type="checkbox"/> Denied Responsibility |
| <input type="checkbox"/> Personal Letter Sent | _____ | <input type="checkbox"/> | <input type="checkbox"/> Offered Unacceptable Solution |
| <input type="checkbox"/> Vendor Contacted Agency | _____ | <input type="checkbox"/> | <input type="checkbox"/> Resolved (<i>Filled for Record</i>) |
| <input type="checkbox"/> DGS/DPS (<i>Buyer</i>) Contacted Vendor | _____ | <input type="checkbox"/> | <input type="checkbox"/> Others (<i>See Attachment</i>) |

II. COMPLAINT:

- A. Delivery
- | | | | |
|-------------------------|-----------------------|----------------------------|-----------------------|
| Required Delivery Date: | Actual Delivery Date: | Partial Delivery Date (s): | Not Rec'd As of Date: |
|-------------------------|-----------------------|----------------------------|-----------------------|
- B. Price
- | | |
|----------------------|----------------|
| Contract/P.O. Price: | Invoice Price: |
|----------------------|----------------|
- (BE SPECIFIC)*
- C. Quality/Specifications: _____
- D. Other: (*Explain*) _____

See Reverse Side For Instructions

**F
R
O
M**

Name of Agency or Locality:		
Address:		
City:	State:	Zip Code:

Contact Name:	Title:
Signature:	
Phone No:	

NOTE : SUBMIT YOUR WRITTEN REPLY BELOW WITHIN TEN (10) DAYS OF RECEIPT OF THIS COMPLAINT. INDICATE YOUR CORRECTIVE ACTION BELOW AND MAIL A COPY TO THE ORIGINATING AGENCY/LOCALITY AND A COPY TO THE DIVISION OF PURCHASES AND SUPPLY, P.O. BOX 1199, RICHMOND, VA 21213-1199. ATTACH ADDITIONAL SHEETS FOR YOUR RESPONSE IF REQUIRED. FAILURE TO RESPOND MAY RESULT IN REMOVAL.

VENDOR'S RESPONSE			
	Name:	Title:	Phone No. Date:

Distribution: Mail 2 copies to Vendor; Mail 1 copy to DGS/DPS; Mail 1 copy to Department, and Retain 1 copy for your files.