

PURCHASING COMPLAINT REPORT

Submit this form to the RI Division of Purchases, Department of Administration
One Capitol Hill, Providence, RI 02908

Vendor Name	PO/Bid Number	Complaint No.*
Dept/Agency Name	Contact Tel. No	Date Report Filed
Dept Contact Person	Contact EMail	Name of Buyer
Vendor Contact Person (Name of Person Agency has been working with)	Vendor Contact Tel.	Vendor Contact Email
COMPLAINT CODE [Circle Appropriate Code(s)]		
01 Late Delivery	11 Untimely Request to Cancel Due to Bid Error	
02 Unauthorized Substitution	12 Failure to Furnish Price List or Catalog	
03 Poor Quality	13 Failure or Slow Replacement of Damaged Goods	
04 Failure to Respond to Letter or Phone Call	14 Repair Parts Not Available	
05 Poor Service	15 Poor Workmanship	
06 Failure to Respond Promptly to Service Calls	16 Failure to Provide Warranty	
07 Incorrect Invoices	17 Shipment of Used or Shopworn Goods	
08 Failure to Meet Specifications	18 Short Weight	
09 Failure to Identify Shipments	19 Failure to Pick Up Incorrect Shipment	
10 Shipments Made Collect	20 Improper Product Packaging	
11 Untimely Request to Cancel Due to Bid Error	21 Failure to Provide Required Doc per Contract Terms	
12 Failure to Furnish Price List or Catalog	22 Delivery not Made per Contract Terms	
99 OTHER (Describe)		
AGENCY COMMENTS		
Name of Person Filing Report Signature of Person Filing Report :	Date Received	Date Resolved
	Final Disposition	

Rev. 9/21/04

*User Assigned Complaint Number Format XXX/YY/001 (XX = RISAIL Dept Number, YY = Year of Complaint, 001 = consecutive numbers assigned by Department)