

Vendor Information			
Name of Vendor:		Vendor Contact Name:	
Street Address:		Title:	
City:	State:	Zip Code:	Phone #:

MISD Department/Campus Information	
Department/Campus Representative:	Department/Campus:

\*Please fill out the remainder of this document to the best of your knowledge. Be sure to include any necessary dates, record of phone calls, and any other information that will be necessary in processing the complaint. Be as clear as possible so that if there is a real issue with the vendor, the District will be able to avoid any further complications with this vendor.

Complaint Date:	Contract #:	P.O. #:	P.O. Date	Description:
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Nature of Complaint: <i>Please Describe</i>
<b>Invoice/Payment:</b>
<b>Delivery:</b>
<b>Specifications:</b>
<b>Other:</b>

Please send completed form to [astearns@magnoliaisd.org](mailto:astearns@magnoliaisd.org)