

REPORT OF PRODUCT FAILURE OR VENDOR PERFORMANCE

Completed by: _____ Title: _____

Department: _____ Phone: _____ Date: _____

Return to Purchasing Office

The following should be completed whenever a product fails to meet the standards of your department or if vendor performance is not satisfactory. We need your input in order for the Purchasing Office to assist you more effectively.

Please answer the following questions below:

1. Name of Product: _____

2. Vendor Catalog No.: _____

Brand Name: _____

3. Vendor Name: _____

4. Description of Complaint:

5. In your opinion could the problem cause harm to an employee or student?
 Yes No

If yes, explain:

6. Comments:

PRODUCT FAILURE/ACTION TAKEN

(To be completed by Purchasing Office)

Product: _____

Action Taken:

Telephone Call

Date: _____ Spoke With: _____

Resolution Promised: _____

Letter to Manufacturer / Date _____ (Copy must be attached)

Other (Specify) _____

No action taken – type of failure was “one-time only” nature.

Disposition of defective sample:

Final resolution:

Purchasing Office Staff / Date