



# RICHLAND ONE

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## RICHLAND COUNTY SCHOOL DISTRICT ONE

### Procurement Services

Central Services Facility

### Vendor Complaint Form

Departments should use this form to report any vendor complaints. All complaints should be reported to Procurement Services as soon as possible, so appropriate action can be taken.

**Department Name:**

**Vendor ID Number:**

**Vendor Name:**

**Contract / Solicitation Number.:**

**Vendor Address:**

**PO Number:**

**Vendor City:**

**State:**

**Zip:**

**Date of Incident:**

### COMPLAINT TYPE

#### Delivery

- |   |  |
|---|--|
| <input type="checkbox"/> Delivery not made on promised date     | <input type="checkbox"/> Improper method of delivery or handling |
| <input type="checkbox"/> Delivery made to the wrong destination | <input type="checkbox"/> Delivery of damaged goods               |
| <input type="checkbox"/> Unauthorized delivery                  | <input type="checkbox"/> Delivery made at an unsatisfactory hour |

#### Customer Service

- Sales representative was not helpful or denied service that was required by contract
- Customer service inquiries were not handled in a timely manner

#### Quality

- Quality of product/service is inferior; noncompliant with contract and/or specification
- Unsatisfactory and unauthorized substitute item delivered by vendor
- Unsatisfactory workmanship and/or installation
- Unsatisfactory or improper packaging

#### Other

- Excessive invoice/delivery slip discrepancies
- Unsatisfactory service response

**Remarks:** Please provide a detailed explanation of the complaint in this section.

**Preparer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preparer's Name (print):**

Please fill out new Vendor Complaint Form for each subsequent complaint.

**Send completed form to Procurement Services 201 Park St. Columbia, S.C. 29201**