

VENDOR COMPLAINT FORM

If you have a problem with any vendor as far as service, quality of product, deliveries, substitutions, unjustified price increases, etc., please document incident by filling out the following form then forward to **Ralph Mendez** for handling.

Campus/Department: _____

Complainant: _____

Phone Number: (____) ____ - ____ Email Address: _____

Date: _____ Company: _____

Company Phone Number: (____) ____ - ____

Contact Person: _____

Problem or Complaint:

Was the company contacted? Yes: _____ No: _____

If yes, please specify: _____

What date was the company contacted: _____

Who was the person that was contacted: _____

What actions were taken by the company, or representative of the company, to correct the problem?

Was the problem handled in an appropriate and timely matter?

Yes: ____ No: ____ If no, please explain: _____

Please Mail to: **Ralph Mendez** From: _____

Director of Purchasing Phone Number: (____) ____ - ____

PSJA ISD Fax Number: (____) ____ - ____

P.O. Box 769

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(956) 354-3019 Fax