|  |  |  |  |
| --- | --- | --- | --- |
| Supplier: | Contact: | | |
| Address: | | | |
| City: | State: | | Zip Code: |
|  | | | |
| Purchase Order # (if applicable): | Amount: | | Date: |
| **NATURE OF THE INQUIRY** | | | |
| Discourteous Treatment | Request to Cancel Order | | |
| Failure to Respond to Letter or Call | Repair Parts Not Available | | |
| Failure to Respond to Service Call | Shipment of Used Goods | | |
| Failure to Provide Warranty or Technical Support | Supplier Failed to Comply with SPS-AT  ‘Terms & Conditions’ | | |
| Failure to Meet Specifications | Problem with Product(s) | | |
| Late Delivery | Supplier Failed to Honor Prices on Price List | | |
| Poor Quality | Supplier Provided Inaccurate Information | | |
| Poor Service | Other, Please see Below | | |
|  |  | | |
| Details: (Attach second page if necessary)  Action Requested: | | | |
| Contact Name: | | Title: | |
| Telephone Number: | | Date: | |
| **TO BE COMPLETED BY DOR CONTRACTS AND PROCUREMENT STAFF ONLY** | | | |
| Action Taken:  Date Resolved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |