

## COMPLAINT FORM

Complete this form to report complaints against vendors, commodities, or to report any unsatisfactory service by the using Agency. Be sure to furnish all necessary detail so that a satisfactory settlement of the complaint can be made. Please verify all information to ensure accuracy. Complaint reports become a permanent record of the commodity or vendor concerned and must be accurate to serve as a guide for future action.

*Agency		*Name and Address of Vendor	
*Date of Complaint			
Contract Number	*Purchase Order Number		

\*Commodity or Service Covered by Complaint

**NATURE OF COMPLAINT** (check all that apply)

DELIVERY		QUALITY		OTHER	
<input type="checkbox"/>	Delivery not made on date ordered or promised	<input type="checkbox"/>	Quality is inferior	<input type="checkbox"/>	Invoice price higher than authorized
<input type="checkbox"/>	Delivery made at an unsatisfactory hour	<input type="checkbox"/>	Unsatisfactory and unauthorized substitute	<input type="checkbox"/>	Weight received at variance with invoice or shipping ticket
<input type="checkbox"/>	Delivery made to wrong destination	<input type="checkbox"/>	Unsatisfactory workmanship in installation of commodity	<input type="checkbox"/>	Quantity delivered in excess of order
<input type="checkbox"/>	Improper method of delivery	<input type="checkbox"/>	Commodity lacks required inspection stamps	<input type="checkbox"/>	Quantity delivered less than ordered
<input type="checkbox"/>	Unauthorized delivery made before issuance of order	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Delivery in damaged condition	<input type="checkbox"/>		<input type="checkbox"/>	

**\*REMARKS**

NOTE: Give detailed explanation of complaint in this space. Indicate manner in which you suggest complaint be settled. Be specific. If necessary to submit additional documentation, please include a copy of this form with your emailed, faxed or mailed documents.

<b>INSTRUCTIONS TO AGENCY</b> Print copy for your records prior to submittal.	*Complaint Initiated By (Name)	*Title	*Phone No.
	*Complaint Form Executed By (Name)	*Title	*Phone No.
	*Your Email Address:		

Action Taken By: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Please submit this form to [OSPLegal@la.gov](mailto:OSPLegal@la.gov) with "Complaint Form" in the subject line.