# VENDOR COMPLAINT REVIEW PROCESS FORM

File Number:

Name:_____
Title: _____
Company/Organization Name:_____
Address: _____
City:_____ Postal Code:_____
Business Phone: (____)_____Alternate Phone:(_____)_____
Fax Number: _____ E-Mail Address:_____

**The Competition or Contract number: _____**

**In the space below please provide the following information (attach additional information as necessary):**

1. Description of the Complaint.
2. Background leading to the complaint (initial actions and Ministry response, relevant dates, and the actions of the parties).
3. Who have you dealt with to date regarding the complaint?*( **names, titles, phone numbers).***
4. Describe any other action you have taken.
5. Describe the outcome that you seek.

**Signature:_____ Date: _____**

*The completed form is to be submitted to the contact person for the Ministry/PSSD VCRP which can be located at [www.health.gov.bc.ca/vcrp/index.html#step1](www.health.gov.bc.ca/vcrp/index.html#step1) or to the individual indicated in the solicitation document.*