VENDOR COMPLAINT REVIEW PROCESS FORM

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.

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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 or to the individual indicated in the solicitation document.