|  |  |
| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |