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| **University of Medicine and Dentistry of NewJersey** **VENDOR COMPLAINT REPORT** | **DO NOT WRITE IN THE BLOCK, FOR PURCHASING ONLY** |
| Vendor ID No.Click here to enter text. | Commodity Code.Click here to enter text. | Complaint No.Click here to enter text. |
| UMDNJ Purchasing Liberty Plaza 2nd Floor335 George Street New Brunswick, NJ 08901 | Status:[ ]  OPEN[ ]  CLOSED | Other:[ ]  SPECIFICATION [ ] VENDOR [ ] CANCELLATION[ ] DEBARMENT [ ] SUSPENSION  |
| Purchasing Department | Fiscal Year Click here to enter text. | Date Received Click here to enter text. |
| **INSTRUCTIONS TO DEPARTMENT.** Please type or print. Complete Sections 1 to 5 below, Retain a copy for your records. Submit copies to the Purchasing Department, at the address noted above or electronically via email. **DO NOT FORWARD COMPLETED FORM TO VENDOR.** |
| **1.**NAME AND ADDRESS OF DEPARTMENTClick here to enter text. | **2.**NAME AND ADDRESS OF VENDORClick here to enter text. |
| PERSON TO CONTACT Click here to enter text. | TELEPHONE NUMBERClick here to enter text. | PERSON TO CONTACTClick here to enter text. | TELEPHONE NUMBER Click here to enter text. |
| **3. Purchase Authorization (*Check One*):**Purchase Order NoClick here to enter text.Requisition NoClick here to enter text.OtherClick here to enter text.Enter Total Cost of Commodity or Service: $Click here to enter text. | **4. CHECK NATURE OF COMPLAINT (S)**[ ] Not Delivered (or) [ ] Late Delivery[ ] Product or Service Not Meeting Specifications[ ] Unsatisfactory Service or Performance of Product[ ] Incorrect Price[ ] Other (please specify): Click here to enter text. |
| **5. DETAILED REPORT** *(Give a detailed explanation and attach additional sheets If necessary, Please print or type)*:Click here to enter text.   [ ]  *Check here if continued on separate sheets.* |
| SUBMITTED BY ((Please Sign Name)Click here to enter text. |
| NAMEClick here to enter text. | TITLEClick here to enter text. | DATEClick here to enter text. |
| **VENDOR'S REPORT** |
| **INSTRUCTIONS TO VENDOR:** Please print or type. Response to Purchasing Department should include corrective action to be initiated. Attach additional sheets if necessary. Retain a copy for you records and return a copy to Purchasing Department at the address noted above.   Click here to enter text.      [ ] *Check here if continued on separate sheets* |
| SUBMITTED BY ((Please Sign Name) |
| NAME (Please Print or Type)Click here to enter text. | TITLEClick here to enter text. | DATEClick here to enter text. |