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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 Floor 335 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 DEPARTMENT  Click here to enter text. | | | | | | | **2.**NAME AND ADDRESS OF VENDOR  Click here to enter text. | | | | | | |
| PERSON TO CONTACT  Click here to enter text. | TELEPHONE NUMBER  Click here to enter text. | | | | | | PERSON TO CONTACT  Click 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. | | | | | | | | | | | | | |
| NAME  Click here to enter text. | | | TITLE  Click here to enter text. | | | | | DATE  Click 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. | | | | | | TITLE  Click here to enter text. | | | | | | DATE  Click here to enter text. |