|  |  |
| --- | --- |
|  | Vendor Performance Quality Repor**t** |

Complete this form to report complaints against vendors for goods or services purchased by state agencies. Be sure to furnish all necessary details so that a satisfactory resolution of the complaint can be made. Please verify all information to insure accuracy. Complaint reports become a permanent record of the vendor and must be accurate to guarantee an informed and equitable resolution and to serve as a reference for possible future action regarding a vendor’s performance.

**AGENCY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | This Report Completion Date: |       |
| Address: |       | City/State/Zip: |       |
| Phone: |       | FAX: |       |
| CPO: |       |  |
| Individual who initiated complaint - Name: |       | Email:: |       |

**VENDOR INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | FEI or SSN: |       |
| Contact: |       | Address: |       |
| Phone: |       | FAX: |       | City/State/Zip: |       |

**ORDER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| OMES Req. #: |       | Agency Req. #: |       |
| Delivery Date of Last Shipment: |       | PO#: |       | BPO#: |       |
| Item #: |       | Statewide Contract #: |       |

**COMPLAINT** (check ALL that apply)

|  |  |
| --- | --- |
| [ ]  Failure to meet specs/performance | [ ]  Partial Delivery/Non-Delivery |
| [ ]  Unauthorized substitution | [ ]  Quality |
| [ ]  Other (please explain) |       |

|  |  |
| --- | --- |
| Goods or Services that are unsatisfactory: |       |

|  |
| --- |
| Comments:       |

|  |
| --- |
| **DESIRED RESOLUTION:**       |

Additional supporting data attached (i.e. pictures, sample, text) [ ]  Yes [ ]  No

**Please send this completed form and any corresponding information to:** **CP\_Feedback@omes.ok.gov**

For questions or comments, call Customer Relations at (405) 521-2116 or fax to (405) 521-4475.