



VENDOR COMPLAINT REVIEW FORM

Name: _____

Title: _____

Company/Organization Name: _____

Address: _____

City: _____ Postal Code: _____

Business Phone: (____) _____ Alternate Phone: _____

Fax Number: _____ E-Mail Address: _____

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 VIHA response, relevant dates, and the actions of 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 you seek?
6. Sign and date the form to initiate the formal complaint as per the VCRP policy.

Signature: _____ **Date:** _____