



VENDOR COMPLAINT  
REVIEW PROCESS FORM

FILE NUMBER:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Competition or Contract number:** \_\_\_\_\_

**Please provide the following information (attach additional information as necessary):**

1. Description of the complaint.
2. Background leading to the complaint (initial actions and ministry/CBS response, relevant dates, and the actions of the 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 that you seek.

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Freedom of Information and Protection of Privacy Act***  
This form is required to process your vendor complaint and the collection of personal information complies with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please submit them to the contact person for the ministry you are dealing with.

*The completed form is to be submitted to the contact person for the ministry/CBS VCRP, or to the individual indicated in the solicitation document.*