



Ministry of Attorney  
General and Ministry  
of Public Safety and  
Solicitor General

Corporate Management Services  
Branch  
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OFFICE USE ONLY  
File No:

## Vendor Complaint Form

Name: \_\_\_\_\_  
(surname) \_\_\_\_\_ (given, middle)

Title:

Company/Organization Name:

Address:

City:

Province:

Postal Code:

Business Phone: ( )

Alternate Phone: ( )

Fax Number: ( )

Email Address:

**COMPETITION NUMBER or CONTRACT REFERENCE:**

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 ministry /PSSD response, relevant dates, and the actions of the parties).
3. Who you have 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.

**SIGNATURE:** \_\_\_\_\_ **DATE of Signature:** \_\_\_\_\_

The completed form is to be submitted to the Procurement Contact included in the solicitation document or to the address listed above.