State of Louisiana DIVISION OF ADMINISTRATION Office of State Purchasing P. O. Box 94095 Baton Rouge, Louisiana 70804-9095

			MPLAINT REPOR			
Complete this form to report comfurnish all necessary detail so that reports become a permanent recoguide for future action.	a satisfactory	settlement of the complain	nt can be made. Please verify	y all information to ins	ure accuracy. Complaint	
*Agency			*Name and Address of Vendor			
*Date of Complaint						
Contract Number *Purchase O		Order Number				
*Commodity or Service Covered b	y Complaint		l			
		NATURE OF COMPLA	INT (check all that apply)			
DELIVERY		QUALITY		OTHER		
Delivery not made on date ordered or promised		Quality of Comm	Quality of Commodity is inferior		Invoice price higher than authorized	
Delivery made at an unsatisfactory hour		Unsatisfactory an	Unsatisfactory and unauthorized substitute		Weight received at variance with invoice or shipping ticket	
Delivery made to wrong destination		Unsatisfactory workmanship in installation of commodity		Quantity delivered in excess of order		
Improper method of delivery		Commodity lacks required inspection stamps		Quantity delivered less than ordered		
Unauthorized delivery made before issuance of order						
Delivery in damaged condition	on					
NOTE: Give detailed explanation submit additional documentation,		this space. Indicate man			specific. If necessary to	
	*Complaint Initiated By (Name)		*Title		*Phone No.	
INSTRUCTIONS TO AGENCY						
Print copy for your records prior to submittal.	*Complaint Form Executed By (Name)		*Title		*Phone No.	
	*Your Emai	il Address:				

Action Taken