

VENDOR COMPLAINT REVIEW PROCESS FORM

FILE NUMBER:
Name:
Title:
Company/Organization Name:
Address: Page 1 Code:
Rusiness Phone: () Alternate Phone: ()
City: Postal Code: Business Phone: () Alternate Phone: () Fax Number: Email Address:
The Competition or Contract number:
In the space below please provide the following information (attach additional information as necessary):
1. Description of the complaint.
 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.
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.