



**Ministry of Attorney General
 Ministry of Public Safety
 and Solicitor General
 Ministry of Aboriginal
 Relations and Reconciliation**

Management Services Branch
 Contract and Risk Management
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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.