VENDOR COMPLAINT FORM	File Number:
Name:	
Title:Company/Organization Name:	
Address:	
City: Postal Code:	
Business Phone: () Alternate Phone: (
City: Postal Code:	
The Competition Number or Contract reference:	_
In the space below please provide the following information information as necessary):	ı (attach additional
 Description of the Complaint. Background leading to the complaint (initial actions and min relevant dates, and the actions of the parties). Who have you dealt with to date regarding the complaint? (note that you seek.) Describe the outcome that you seek. 	
Signature: Date:	

The completed form is to be submitted to the Procurement Contact indicated in the solicitation document or the ministry/PSSD VCRP Contact Person identified on the ministry web site located at www.sbr.gov.bc.ca/csb/VCRP.htm