

## Department of Procurement Services **Vendor Complaint Form**

Vendor Information									
Name of Vendor:						Vendor Contact Name:			
Street Address:						Title:			
City:	State:			Zip Code:		Phone #:			
ODII Donartmon	t Infor	rmation							
ODU Department Information							Donartmont		
Department Representative:						Department:			
Street Address:									
City:		State:		Zip Code:		Phone #:			
Complaint Date:	e: Contract #:		P.O.	.#:	P.O. Date		Description:		
Nature of Complaint: Please Describe									
Invoice/Payment:									
Delivery:									
Specifications:									
Other:									

 ${\it Please send completed form to procurement@odu.edu}$