

Comal I.S.D. Purchasing Department Vendor Complaint Form

When you have a problem with any of the vendors, as far as service, quality of product, deliveries, substitutions, unjustified price increases, excessive freight, etc., please fill out this form so that the District will have written documentation to possibly consider when making future awards.

Campus or Department:	Campus/Dept. Contact Name:
Campus/Dept. Phone:	Campus/Dept. Email:
Today's Date:	Time Frame of Problem:
Company:	Salesman:
Company Phone #:	PO#(s) for this purchase:

Problem or complaint: _____

Was the company contacted? Yes No

If yes:
 Date the company was contacted: _____

Person that was contacted: _____

What actions were taken by the company, or representative of the company, to correct the problem?

Was the problem handled in an appropriate and timely manner? Yes No

If No, please explain: _____

Please fax, email or pony to:

Neal Linnartz
 Fax: 221-2007
 Phone: 221-2173
 Email: neal.linnartz@comalisd.org