

ESCNJ VENDOR COMPLAINT FORM

NJ State Approved Co-op # 65MCESCCPS



Complete this form if you have a problem with any of the approved vendors, regarding service, deliveries, substitutions, quality of product, etc. Keep one copy and mail the other to the attention of Mr. Anthony La Marco at 1660 Stelton Road, Piscataway, NJ 08854. You may also scan and email to coop@escnj.us Valid signatures are required.

Date:	
Member Entity:	
Member address:	
Member department:	
Name of person filing complaint (print):	
Title of person filing complaint:	
Signature of person filing complaint:	
Telephone number of person filing complaint:	
Email address of person filing complaint:	
Vendor:	
Sales Person:	
Bid # and Bid Title:	
<p>Problem or complaint: (Please provide detail along with dates and PO number if applicable)</p> 	
Was the vendor contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please record the date that the vendor was contacted: _____
Person that was contacted:	
What actions, if any, were taken by the vendor, or representative of the company to correct the problem?	
Was the problem handled in an appropriate and timely manner?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, please explain:	