

COUNTY OF VENTURA
VENDOR PERFORMANCE FORM

Vendor: _____ Department: _____

Address: _____ Agency Contact: _____

City: _____ P.O. NO.: _____ P.O. Date: _____

State: _____ Zip Code: _____ Amount: _____

Contact: _____ Commodity/Service: _____

Nature of Complaint

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Late Delivery <input type="checkbox"/> 02 Unauthorized Substitution <input type="checkbox"/> 03 Poor Quality <input type="checkbox"/> 04 Failure to Respond to Letter or Call <input type="checkbox"/> 05 Poor Service <input type="checkbox"/> 06 Failure to Respond to Service Call | <input type="checkbox"/> 07 Incorrect Invoice <input type="checkbox"/> 08 Failure to Meet Specifications <input type="checkbox"/> 09 Failure to Identify Shipments <input type="checkbox"/> 10 Shipment Made Collect <input type="checkbox"/> 11 Request to Cancel Due to Bid Error <input type="checkbox"/> 12 Failure to Furnish Price List/Catalogue | <input type="checkbox"/> 13 Failure to Replace Damaged Goods <input type="checkbox"/> 14 Repair Parts Not Available <input type="checkbox"/> 15 Poor Workmanship <input type="checkbox"/> 16 Failure to Provide <input type="checkbox"/> 17 Shipment of Used Goods <input type="checkbox"/> 18 Short Weight or Overshipment |
|--|--|--|

DETAILS OF COMPLAINT (Attach second page if necessary):

Has complaint been resolved? _____ Yes _____ No

Signature: _____ Phone No.: _____

Title: _____ Date: _____

ACTION TAKEN BY BUYER: _____ Resolution Code No.: _____

Class-Item: _____

Buyer: _____ Date: _____