# Vendor Complaint Form

This Form is for procurement complaint purposes only.

Please complete Section A and provide the following information in Section B:

1. Specific detailed description of the complaint and/or allegation.
2. Background leading to the complaint.
3. When and who have you dealt with regarding the complaint? (e.g. names, titles, phone numbers, dates, etc.)
4. Describe in detail any other action or alternative processes you have taken to resolve your complaint.
5. Date and sign the Form to initiate the formal complaint as per SkilledTradesBC’s Supplier Complaint Review Process (SCRP).
6. Please direct this Form:

Attention: Procurement Manager

Email: [procurement@skilledtradesbc.ca](mailto:procurement@skilledtradesbc.ca)

Fax: 778-785-2401

Mail: 800 – 8100 Granville Avenue, Richmond, British Columbia V6Y 3T6

## A: Company information

|  |  |  |
| --- | --- | --- |
| Legal Company Name: Please enter full legal name | | |
| Name of Principal Contact: Click or tap here to enter text. | Title of Principal Contact: Click or tap here to enter text. | |
| Mailing Address: Click or tap here to enter text. | | |
| City: Click or tap here to enter text. | Province: Click or tap here to enter text. | Postal code: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Phone: Click or tap here to enter text. | |
| Competition or Agreement No.: Please enter the reference numbers | | |

## B. Description of the Complaint and/or Allegation

|  |  |
| --- | --- |
| Click or tap here to enter text. | |
| Signature:  Click or tap here to sign | |
| Name: Please enter full legal name | Title: Click or tap here to enter text. |
| Date (YYYY-MM-DD): Click or tap here to enter text. | |