

# ACCD Vendor Evaluation Form

*Use this form when you have a comment, complaint or compliment about a vendor (product or service). Then forward it to Dwight Gillespie, ACCD Acquisitions. Follow-up will be made on each report. These forms provide a basis for evaluating vendors' performance when contracts are awarded.*

Company: \_\_\_\_\_ Representative: \_\_\_\_\_

Date Incident Occurred: \_\_\_\_\_ If known, purchase order #: \_\_\_\_\_

Problem  Praise  \_\_\_\_\_

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Was the company contacted for problem? Yes  No

*If yes:* Date of contact? \_\_\_\_\_

Person that was contacted? \_\_\_\_\_

What actions were taken to correct the problem? \_\_\_\_\_

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

If no, please explain: \_\_\_\_\_

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## FROM

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Please FAX to Dwight Gillespie, ACCD Acquisitions, FAX # ~~208-8100~~ 485-0101