

CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM  
CHILD NUTRITION DEPARTMENT  
**VENDOR COMPLAINT FORM**

SCHOOL: \_\_\_\_\_

VENDOR: \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_ INVOICE DATE: \_\_\_\_\_

ITEM: \_\_\_\_\_

PLEASE CHECK:

- \_\_\_\_\_ Did not receive
- \_\_\_\_\_ Incorrect Price - Overcharge \_\_\_\_\_ (State Amount)
- \_\_\_\_\_ Incorrect Price – Undercharge \_\_\_\_\_ (State Amount)
- \_\_\_\_\_ Damaged merchandise – need pick up request
- \_\_\_\_\_ Damaged merchandise – returned
- \_\_\_\_\_ Incorrect quantity
- \_\_\_\_\_ Received but not ordered
- \_\_\_\_\_ Not ordered and returned to vendor
- \_\_\_\_\_ Quality – not accepted by students
- \_\_\_\_\_ Quality – other

**\*\*PLEASE ATTACH COPY OF INVOICE AND SEND TO CENTRAL OFFICE\*\***

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**FOR CENTRAL OFFICE USE ONLY**

ACTION TAKEN AND RESULTS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_