



CORRECTIVE ACTION REQUEST

Complete this form to report concerns with vendors or commodities
Be sure to furnish as much detail as possible

Reporting Agency and Address/Location

Agency Contact: _____ Contract Number: _____ Today's Date: _____

Phone Number: _____ Date you first became aware of the problem: _____

Vendor Name: _____

Vendor Number: _____

Name of Contract Officer Handling Contract: _____

NATURE OF CONCERN

(check all appropriate areas)

DELIVERY

Late date or hour

Method

Wrong Destination

Unauthorized

Damaged Condition

QUALITY

Inferior

Not As Specified

Workmanship/Installation

Unauthorized Substitution

Timelines not met

OTHER

Price Incorrect

Quantity In Excess

Quantity Short

Incorrect Packaging

Please explain below

The Problem

Give detailed explanation of your concern; be specific; list item number as it appears on order and on the contract, if applicable; attach all copies of appropriate documents; indicate how you suggest the concern be corrected; please state the steps you have taken to attempt resolution of this issue with the vendor. (See GSS processes on our website at <http://www.state.de.us/dss/contracting/index.shtml>)

Please verify all information to ensure accuracy. *Corrective Action reports become a permanent record of the commodity or vendor file.

Return Form to the Contract Officer handling the contract via email attachment, fax or mail.

FAX: (302) 739-3779
SLC: D100



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