

CORRECTIVE ACTION REQUEST

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

Agency Name: _____	Agency Contact: _____	Today's Date: _____
Address/Location: _____		
Phone Number: _____	Date you first became aware of the problem: _____	
Contract Number: _____		
Vendor Name: _____	Contract Officer: _____	

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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

DETAILS

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.



GOVERNMENT SUPPORT SERVICES – CONTRACTING

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