## CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM CHILD NUTRITION DEPARTMENT

## **VENDOR COMPLAINT FORM**

| School   |
|--|
| Vendor   |
| Invoice #  |
| Invoice Date   |
| Item Description   |
| PLEASE CHECK ALL THAT APPLY:   |
| Did not receive Incorrect Price - Overcharge Incorrect Price - Undercharge 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 |
| Description of<br>Complaint  |
| FOR CENTRAL OFFICE USE ONLY  |
| ACTION TAKEN AND RESULTS:  |

4/17/17, Rev. D CHN-F007

Central Office Use Only