



Indiana University of Pennsylvania

Report of Unsatisfactory Supplier Performance of Services

Current Date:

Customer Information

Department Name:

Customer Name:

Phone Number:

email Address:

Supplier Information

Supplier Name:

Requisition, Contract or PO#:

Brief Description of the Service requested to be provided by the Supplier.

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Unsatisfactory Performance of Services

Date of Unsatisfactory Performance by the Supplier:

Detail Description of the Unsatisfactory Service - Please provide specifics..

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Please click on this box if you want payment withheld from the supplier until there is a resolution to the unsatisfactory service. **Hold Payment**

When the form has been completed, print a copy for your files and then click on the submit by e-mail button. Note that the file sent via e-mail will not resemble the form just completed but when received by Procurement Services the file will be in the format you entered. Please note that the form is e-mailed to all procurement agents and the appropriate agent will resolve your dissatisfaction with the supplier, notify Accounts Payable if applicable not to pay the Supplier and provide you with feedback on the resolution.