



**COMPLAINT TO VENDOR**  
**OKALOOSA COUNTY PURCHASING DIVISION**  
**5479-A OLD BETHEL ROAD**  
**CRESTVIEW, FL 32536**

Date: \_\_\_\_\_

To: (Type vendor's name, address and zip code in space below)

VENDOR

DEPARTMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
By: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Re: PO No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

PO Date: \_\_\_\_\_

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Note to Vendor:

1. Please respond to this complaint within five (5) days of receipt.
2. This document will be a part of your vendor file and may be used as a basis for your firm's removal as an approved vendor to the Okaloosa County Board of County Commissioners.

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Description of Item(s):

\_\_\_\_\_  
\_\_\_\_\_

Nature of Complaint:

\_\_\_\_\_  
\_\_\_\_\_

Agency/Vendor's Comments: (Please indicate suggested solution)

\_\_\_\_\_  
\_\_\_\_\_