



Information is collected on this form under the authority of the Core Policy Manual, Section 6, Part 2. Information will be used for the purpose of identifying and responding to complaints with the procurement process. Questions about the collection, use or disclosure of this information? Contact: Director, Compensation and Procurement Reform, PO Box 9760 Stn Prov Govt, Victoria BC V8W 9S4 (250) 387-5245.

Name: _____ Title: _____

Company/Organization Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Business Phone: () _____ Alternate Phone: () _____ Fax Number: () _____

Email Address: _____

COMPETITION NUMBER or CONTRACT REFERENCE: _____

Please provide the information requested in the spaces below (attach additional pages as required)

DESCRIPTION OF THE COMPLAINT

BACKGROUND LEADING TO THE COMPLAINT (INITIAL REACTIONS AND MINISTRY/PSSD RESPONSE, RELLEVANT DATES, AND THE ACTIONS OF THE PARTIES)

WHO YOU HAVE DEALT WITH TO DATE REGARDING THE COMPLAINT? (NAMES, TITLES, PHONE NUMBERS)

DESCRIBE ANY OTHER ACTION YOU HAVE TAKEN

DESCRIBE THE OUTCOME THAT YOU SEEK.

Signature: _____ Date Signed _____

PLEASE SEND YOUR COMPLETED FORM TO:
 MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
 COMPENSATION AND PROCUREMENT REFORM
 PO BOX 9760 STN PROV GOVT
 VICTORIA BC V8W 9S4

Phone: 250-387-5245
 Fax: 250-356-9799

PLEASE DATE STAMP THIS FORM WHEN RECEIVED

OFFICE USE ONLY