

**RADFORD UNIVERSITY  
CONTRACTOR NONCOMPLIANCE FORM**

|  |   |
|--|---|
| To: NAME, Title _____<br>Campus Box # 6885<br>David E. Armstrong Complex   | P# (540) 831-_____<br>F# (540) 831-5946<br>Email: _____ |
| <b><i>NOTE: You are encouraged to report vendor noncompliance to the Procurement and Contracts Department within three business days of the noncompliance action occurring. Provide a detailed report by completing this form and submitting additional documentation as is required. (Only print the page(s) required.)</i></b> |   |
| From (RU Department Name): _____   | Date: _____   |
| End User (Person Providing Information): _____   | Title: _____  |
| Phone No.: _____   | Fax No.: _____  |
| Email Address: _____   |   |

***The following information is required to identify the procurement document as well as any contact information you may have for the Contractor. Please be specific.***

|   |                               |
|---|-------------------------------|
| Contract / Purchase Order No.: _____        | Company Name: _____           |
| Contact:<br>(Who have you contacted?) _____ | Date(s) contacted: _____      |
| Email: _____                                | Phone No. _____ Fax No. _____ |

***Nature of Your Noncompliance Issue.***

| Invoice/Payment                                  | Delivery  | Specifications/Agreements                             | Other  |
|--|---|---|--|
| <input type="checkbox"/> Refused Late Charges    | <input type="checkbox"/> Partial Delivery               | <input type="checkbox"/> Modification/No Charge Order | <input type="checkbox"/> Unauthorized Cancellation   |
| <input type="checkbox"/> Invoice Price Incorrect | <input type="checkbox"/> Time of Delivery Inappropriate | <input type="checkbox"/> Did Not Meet Specs           | <input type="checkbox"/> Poor Customer Service       |
| <input type="checkbox"/> Incorrect Quantity      | <input type="checkbox"/> Improper Method of Delivery    | <input type="checkbox"/> Unauthorized Substitutions   | <input type="checkbox"/> Short/Over Weight or Count  |
| <input type="checkbox"/> Items Did Not Ship      | <input type="checkbox"/> Damaged Shipment               | <input type="checkbox"/> Damaged Product              | <input type="checkbox"/> Unsatisfactory Installation |
| <input type="checkbox"/> Unauthorized Charges    | <input type="checkbox"/> Late/No Delivery               | <input type="checkbox"/> Lacks Inspection Report      | <input type="checkbox"/> Did Not Meet Contract Terms |

Other or further explanation. Attached additional sheets if required.

***Countermeasures Required. Be specific and factual. Indicate manner in which you suggest noncompliance to be settled.***

***Additional Information:***

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