



# DEKALB FIRST LSBE PROGRAM VENDOR ASSISTANCE REQUEST

DeKalb First LSBE Program Division  
Purchasing & Contracting, 2<sup>nd</sup> Floor  
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## VENDOR INFORMATION

Vendor Name:	Contact Name:
Vendor Phone:	Vendor Email:
Project Name:	Contract/ITB/RFP #:

## COMPLAINT INFORMATION

Complaint Date:	<input type="checkbox"/> LSBE-DEKALB <input type="checkbox"/> LSBE-MSA <input type="checkbox"/> PRIME CONTRACTOR
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Please rate services on a scale of 1-5 with 5 being the highest score:

Timeliness of Deliveries:

Responsiveness:

Timely/Accurate Invoicing:

Overall quality of parts/products/services:

Customer Service: courteous/professional:

Timely/Accurate Payment:

Complaint Details: