

This form is for procurement complaint purposes only.

A. Organization Information

Name of Organization:		
Name of Primary Contact:		Title of Primary Contact:
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Email Address:	Phone Number and Extension: ()	Fax Number: ()
Competition or Agreement Number:		

On an attached sheet, please provide the following information:

1. Specific detailed description of the complaint and/or allegation.
2. Background leading to the complaint.
3. When and who have you dealt with regarding the complaint? (e.g. names, titles, phone numbers, dates, etc.)
4. Describe in detail any other action or alternative processes you have taken to resolve your complaint.
5. Date and sign the form to initiate the formal complaint as per ITA Supplier Complaint Review Process (SCRCP).
6. Please direct this form:

Attention: Amir Shafiei
Procurement Manager
Email: ashafiei@itabc.ca
Fax: 778-785-2401
Mail: 800 – 8100 Granville Avenue, Richmond, British Columbia V6Y 3T6

Signature:	Printed Name:	Date (MM/DD/YYYY):
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B. Description of the Complaint and/or Allegation