



Business Feedback Form

Form can be used by prime contractors, sub-contractors, sub-consultants, and vendors (Goods & Services)

This form is for contracted M-DCPS vendors only.

The purpose of this form is to provide a vendor contracted on a M-DCPS Project a means to file a complaint or provide positive comments on your previous interactions. If space provided is insufficient, attach additional information.

VENDOR INFORMATION:

Date? _____

First Name		Middle Name		Last Name	
Address		City		State	Zip Code
Company				Date	
Daytime Telephone	Fax		Email		

Serving in what business capacity: Contractor Subcontractor Consultant Vendor Goods & Services

State your feedback, concerns, suggestions in the box below? (Be specific and provide the project title, project number and other relevant information.) Please attach supporting documentation.

Project Title: _____ **Project No.** _____

Feedback: _____

Signature of Complainant

Date