



City of El Paso

Vendor Performance Form

City Department Instructions: Complete this form to report exceptional or unsatisfactory vendor performance. Send a copy to Financial Services – Procurement Division. Be sure to save the original for your records. Please type or use ball point pen.

City Department Information	
Department Submitting Report: _____	Contact Person: _____
Telephone #: _____	Fax #: _____
PO No./Contract #: _____	City Council Authorization Date: _____
Vendor Information	
Vendor Name: _____	Vendor Address: _____
Brief description of commodity/service provided: 	
Vendor Performance Issues	
Delivery Issues: <input type="checkbox"/> Late Delivery <input type="checkbox"/> 1 st written notice issued for late delivery <input type="checkbox"/> 2 nd written notice issued for late <input type="checkbox"/> Failure to identify shipments per contract terms <input type="checkbox"/> Short/over weight or count	<input type="checkbox"/> Vendor shipped incorrect merchandise <input type="checkbox"/> Failure to pick up damaged goods/incorrect shipment <input type="checkbox"/> Failure to deliver <input type="checkbox"/> Delivery made at wrong destination <input type="checkbox"/> Other: _____
Performance Issues: <input type="checkbox"/> Service not performed within specifications <input type="checkbox"/> Incorrect invoices <input type="checkbox"/> Poor product performance <input type="checkbox"/> Failure to properly notify City concerning manufacturer discontinuation of an item <input type="checkbox"/> Repair parts not available <input type="checkbox"/> Failure to meet specifications (list details in comments box) <input type="checkbox"/> Poor customer service (give details in comments box)	Performance Issues(cont.): <input type="checkbox"/> Unauthorized substitution <input type="checkbox"/> Failure to comply with terms/conditions of contract <input type="checkbox"/> Falsification of / fraudulent submittals <input type="checkbox"/> Failure to respond to emergencies as required (give details in comments box) <input type="checkbox"/> Failure to respond to phone call, letter or e-mail <input type="checkbox"/> Poor product quality <input type="checkbox"/> Other: _____
Comments:	
Please comment on the above issues, further and explain steps taken at Department level to resolve the problem and the vendor response to those steps: <input type="checkbox"/> Issue resolved <input type="checkbox"/> Issue pending resolution <input type="checkbox"/> Unable to resolve issue	
Name and Title of person initiating Form (please print): _____	
Authorized Signature: _____	Date: _____