**Supplier Performance Report**

*Identified Users (IUs): Complete this form to report any of the situations in the grey boxes below and to receive assistance from the Supply Arrangement Authority.*

|  |  |  |
| --- | --- | --- |
| Date: | | Supply Arrangement Number: E60PQ-140003/**\_\_\_\_\_\_/**PQ |
| IU’s Contract Number: | | |
| Supplier Name : | | |
| Supplier Contact: | | |
| **Deficient product or unsatisfactory service** | | |
| What is the product(s)/service(s)? | | |
| What is the problem? | | |
| What action have you or the Contractor already undertaken to address the situation? | | |
| What corrective action do you expect from the Supplier/Contractor? | | |
| **Product not delivered and/or installed and/or service not performed within the timelines as per the contract** | | |
| What is the product(s)/service(s)? | | |
| When was the product(s)/service(s) supposed to be delivered/performed?  Was delivery/installation or service mandatory? | | |
| What action have you or the Contractor already undertaken to address the situation? | | |
| What corrective action do you expect from the Supplier/Contractor? | | |
| Identified User contact information | | |
| Name and Title: |  | |
| Phone Number: |  | |
| E-mail address: |  | |

**Please forward this form electronically to:**

PSPC, PQ-Furniture Division General Mailbox: [TPSGC.PARCNAmeublement-APNCRFurniture.PWGSC@tpsgc-pwgsc.gc.ca](mailto:TPSGC.PARCNAmeublement-APNCRFurniture.PWGSC@tpsgc-pwgsc.gc.ca)