**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