

School District of Escambia County, FL  
Contractor Performance/Complaint Form

From (Name and School/Department):

Date:

Vendor Name:

Reference Information (Purchase Order # or Bid/RFP #)

Describe problem below:

Did you contact the Vendor regarding this issue?

Yes  No

Method of contact:

Phone  Email

If yes, name of person you contacted.

Date of contact

Notes from that contact

By typing/signing your name below, you are affirming the information provided above is correct.

Once completed, please email this form to the Purchasing Department

Email: [cdavison@escambia.k12.fl.us](mailto:cdavison@escambia.k12.fl.us)