



3. Provide a detailed description of the complaint:
a) Include any name(s), title(s), phone number(s), etc. of GNWT staff you have corresponded with regarding this complaint.
b) Describe the background leading to the complaint, such as the initial situation and/or GNWT response, relevant dates, the actions of the parties involved, etc.
c) Include any other action you have taken (e.g. GNWT debriefing sessions.)

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Signature of Representative:	
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Date (YYYY/MM/DD):	
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By submitting the complaint, the Representative confirms the Company/Organization **has not initiated legal action or engaged in any other review process** pertaining to the complaint.



THIS COMPLETE FORM MUST BE SUBMITTED VIA EMAIL TO: VendorComplaints@gov.nt.ca

ACCESS OF INFORMATION AND PROTECTION OF PRIVACY ACT

All documents, including this form, and any appendices submitted to the GNWT are in the custody and under the control of the GNWT. Vendors, by submitting this Vendor Complaint Form and any appendices, acknowledge that the GNWT may be required to release, in whole or in part, the documents in accordance with the *Access to Information and Protection of Privacy Act (ATIPP)* of the GNWT.

TO BE COMPLETED BY GNWT

Received by:		Date (YYYY/MM/DD):	
Title:		VCPR Log #:	