



3.	Provide an estimate of your costs for preparation of your bid or proposal, and any costs associated with submitting your Vendor Complaint.
4.	Please provide a detailed reason/explanation why you are not satisfied with the decision results of your Vendor Complaint.
Signature of Representative:	
Date (YYYY/MM/DD):	
<p>By submitting this Request for Independent Review, the Representative confirms the Company/Organization:</p> <ol style="list-style-type: none"> 1. Has not initiated legal action or engaged in any other review process pertaining to the complaint, 2. Acknowledges that the Independent Administrator’s decision is binding for both parties (the GNWT and the Company/Organization). 	

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 #:	