

Virginia Department of Small Business and Supplier Diversity



THIRD PARTY CHALLENGES OR COMPLAINTS
Form A: Preliminary Information

Company or individual making this complaint or challenge ("Complainant"):

Name: Address:
City: State: Zip Code:
Business Telephone: Home Telephone: (Not required)
Fax: E-mail:
Date of Complaint: Complainant:

Named Business or Individual(s): (Please supply as much as possible)

Name: Address:
City: State: Zip Code:
Business Telephone: Fax:
E-mail:
Date of alleged activity or incident:

Nature of Complaint or Challenge: (Give specific times, dates and locations)

Signature of person filing complaint or challenge: _____

Please return this form to:

Department of Small Business and Supplier Diversity
c/o Third Party Complaint Administrator
101 N. 14th Street, 11th Floor
Richmond, VA 23219