



## Vendor Appeal Submission Form

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| <b>USE OF THIS FORM</b>  |                       |
| <p>A Vendor that receives notice of an Unacceptable Performance Rating following a Final Evaluation or a Critical Violation may appeal the Performance Rating and Sanctions to the Appeal Committee by delivering an Appeal Submission with this Submission Form to “<a href="mailto:vendorperformance@halton.ca">vendorperformance@halton.ca</a>”, addressed to the Director of Supply Chain Management. The Appeal Submission must be received within 30 Days of a Vendor’s receipt of the notice of an Unacceptable Performance Rating.</p> <p><b>Submission Instructions:</b></p> <ul style="list-style-type: none"> <li>A Vendor must submit a completed copy of this Appeal Submission Form with reasons detailing why the Vendor is appealing the Unacceptable Performance Rating. The reasons shall be a maximum of ten (10) pages in length, excluding the Submission Form, Contract and supporting documents.</li> <li>A Vendor must clearly indicate what sections of the Final Evaluation are being appealed and submit documentation supporting its rationale.</li> <li>Send the completed Appeal Submission Form along with all other information in support of the appeal to <a href="mailto:vendorperformance@halton.ca">vendorperformance@halton.ca</a>.</li> <li>A Supply Chain Management Representative will confirm receipt of the Appeal Submission within two business days. Operating hours are from 8:30 am and 4:00 pm, Monday to Friday.</li> </ul> |                       |
| <b>APPEAL SUBMISSION DETAIL</b>  |                       |
| Appeal Submission Date:  |                       |
| <b>SECTION 1: VENDOR INFORMATION</b>   |                       |
| Name (if electing to be represented by an Authorized Representative, complete Section 2):  |                       |
| Vendor Name (Legal name of the company):   |                       |
| Vendor Address:  |                       |
| Vendor Telephone Number:   | Vendor Email Address: |
| <b>SECTION 2: AUTHORIZED REPRESENTATIVE INFORMATION (if applicable)</b>  |                       |
| Authorized Representative Name:  |                       |
| Authorized Representative Title:   |                       |
| Address:   |                       |
| Telephone Number:  | Email Address:        |
| <b>SECTION 3: PROJECT INFORMATION</b>  |                       |
| Project Number:  |                       |
| Project Title/Description:   |                       |
| Purchase Order or Outline Agreement Number:  |                       |
| <b>SECTION 4: SUSPENSION DETAILS</b>   |                       |
| Notice Date:   | Duration:             |



| <b>SECTION 5: SIGNATURE</b>             |                              |                             |
|---|------------------------------|-----------------------------|
| Name (Print):                           | Signature:                   | Date:                       |
| <b>SECTION 6: REGION USE ONLY</b>       |                              |                             |
| Received by:                            | Date received:               |                             |
| Was the appeal filed on time?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Appeal Submission Form complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |