EBO 10 STEP COMPLAINT PROCESS

1. Vendor Contacts EBO

2. EBO Staff will complete section "A" of the *EBO Complaint Form*

3. Call must be forwarded to the EBO Liaison for the appropriate department

4. EBO Liaison will alert the Director's Office of the complaint and forward contract compliance information to the Office of Contract Compliance for verification of active status

5. EBO Liaison will complete the following sections of the EBO Complaint Form, (b) Project Information, (c) Complaint, and (e) Complaint Resolution.

6. EBO Liaison will notify appropriate Department /Division of complaint for completion of section (d) Departmental and Prime Contractor Response

7. After receipt of the Departmental and Prime Contractor Response, EBO Liaison will prepare Vendor Complaint Response Letter

8. Contract Compliance Investigator will prepare the Prevailing Wage Notification Letter for the prevailing wage coordinator and, after Director/Designee approval, identify any other construction site violations to appropriate city authority

9. EBO Liaison and Contract Compliance Investigator will provide a copy of the complaint form and all other relevant documentation to the

    i. EBO Complaint File
    ii. Departmental Contact

10. To be reported at staff meeting by the EBO Liaison

EBO COMPLAINT FORM

Form to be completed by an EBO Departmental Liaison for Certified Businesses
City of Columbus Internal Document

A. VENDOR INFORMATION

Vendor Name: _____ **Date:** _____

Telephone: _____ **Email Address:** _____

Address (if no email address, then provide physical address):
_____

City: _____ **State:** _____ **Zip Code:** _____

B. PROJECT INFORMATION

Department: _____ **Division:** _____

Project Name: _____

Prime Contractor: _____ **Email Address:** _____

Prime Project Manager: _____

Telephone: _____ **Email Address:** _____

City Project Manager: _____

Telephone: _____ **Email Address:** _____

C. COMPLAINT

Vendor Scope of Work:

_____
_____
_____

Is vendor a subcontractor on this project? : **Yes** ☐ **No** ☐

Vendor Complaint:

_____
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Document forwarded to Department: **Yes** ☐ **No** ☐

To whom:
Name: _____
Phone Extension: _____
Email: _____

When: **Date:** _____

By what method: **Email** ☐ **Inter-Office** ☐

Returned to EBO: **Yes** ☐ **No** ☐

When: **Date:** _____

By what method: **Email** ☐ **Inter-Office** ☐

D. COMPLAINT RESPONSE

(To be completed by Departmental Contact)

Departmental Contact: _____

Departmental Response:

_____

Prime Response:

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E. COMPLAINT RESOLUTION

EBO Response:

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Final Resolution:

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Resolution Letter: **Mail Date:** _____ *OR* **Email Date:** _____

Copy to: Department **Complaint File** **EBO Liaison** **Director's Office**