

## Vendor Concern Form

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240 N Broadway, Suite 129  
Portland, OR 97227  
Tel: 503/241-0032

*This form is to be used for PFM Vendors who have concerns about market operations, vendor policies, market rules or other vendors' compliance with market rules.*

Forms are submitted directly to the market manager within one week of the market during which the alleged violation occurred if applicable. Challenges to PFM policies or personnel may be elevated to a review by a committee of the board.

***\*\*PFM will not reveal the inquiring vendor's name to anyone.***

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor Business Name:

\_\_\_\_\_

Contact Information (phone number or email):

\_\_\_\_\_

Date and approximate time at which the incident occurred (if applicable):

\_\_\_\_\_

**Your Concern:** *Please use the vendor handbook to reference the policy with which you have a concern. If this is a complaint regarding a vendor, specify the vendor's name who is involved. State the specifics of the violation of the rule or the rule in which you are challenging. Provide any evidence that supports your claim and/or your reasons the rule should be changed. Feel free to attach additional documents if necessary.*

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Signed \_\_\_\_\_ Date \_\_\_\_\_

*For Market Use Only:*

Notes: \_\_\_\_\_

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