

VENDOR CONCERN FORM



240 N Broadway, Suite 129
Portland, OR 97227
Tel: 503/241-0032
Fax: 971/925-4101

PFM Vendors who have concerns about market operations, vendor policies, or other vendors' compliance with market rules should submit this concern form. Forms are submitted directly to market manager within one week of the market during which the alleged violation occurred.

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

Date _____

Vendor Business Name _____

Your Name _____

Contact Information _____
(phone number, email or mailing address)

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 vendor's name.

Market date and approximate time at which the violation occurred (if any):

Please state the specifics of the violation of the rule. Provide any evidence that supports your concern.

Signed _____ Date _____

For Market Use Only:	Notes:
Date Rec'd _____	
By _____	

PRODUCT CHALLENGE FORM



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Vendors can submit this challenge form when they believe another vendor is misrepresenting their product. Forms are submitted directly to market manager within one week of the market during which the alleged violation occurred. There is a \$50 filing fee (which can be shared by a group of vendors), refundable if claim is verified.

****PFM will not reveal challenger(s)' identities to anyone.**

Name of the vendor about whose product you are inquiring:

Specific product(s) about which you are inquiring:

Market date and approximate time at which the product is being sold:

Please state the specifics of the violation. Provide any evidence that supports your challenge.

Your name, business name, addresses and phone number.

Signed _____ Date _____

For Market Use Only:	Notes
Date Rec'd _____	
By _____	
Fee Rec'd _____	