

**PUBLIC PROCUREMENT  
REVIEW BOARD**

**VENDOR  
DEBARMENT FORM**

Complete this form to request debarment of vendors for personal or professional service contracts with a state agency, where both the contract and the agency are under the purview of the PPRB. By submitting this form, you are requesting that the vendor be debarred and removed from consideration for award of personal or professional service contracts with the State of Mississippi for a period of two years. If this is your intent, please furnish all necessary details so that a satisfactory inquiry of the request can be made. Please verify all information to ensure accuracy. This Vendor Debarment Form must be accurate to begin an informed and equitable inquiry and to serve as a reference for possible action regarding the vendor's performance.

**AGENCY INFORMATION**

Name:	This Report Completion Date:
Address:	City/State/Zip:
Phone:	Facsimile:
CPO:	

**Individual who initiated complaint**

Name:	Email:
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**VENDOR INFORMATION**

Name:	Contract Number:
Contact:	Address:
Phone:	City/State/Zip:

**COMPLAINT** (*Check ALL that apply; See also PSCRB Regulation 5-101.*)

<input type="checkbox"/> Ethical violation	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Failure to meet specs/performance	_____
<input type="checkbox"/> Untimely performance	_____
<input type="checkbox"/> Unauthorized substitution	_____
<input type="checkbox"/> Violation of contract	_____

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional supporting data attached** (*e.g., pictures, sample, text*)  Yes  No

**AGENCY HEAD CERTIFICATION**

**I hereby certify that the information provided herein is true, complete, and accurate to the extent of my knowledge. I request that the vendor be debarred and removed from consideration for award of personal or professional service contracts with the State of Mississippi for a period of two years.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency Head

Please send completed form and corresponding information to: [info@dfa.ms.gov](mailto:info@dfa.ms.gov) or by mail to: 501 North West Street, Suite 1301, Woolfolk Building, Jackson, Mississippi 39201.

For questions or comments, call the **PPRB at 601-359-3566**.