ANNEX C to

SCHEDULE 2

DSACOMDD/5061

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| Defence Equipment Sales Authority | | File Reference: DSACOMDD/5061 | |
| **REPORT OF A DISCREPANCY OR GRIEF (GOODS RECEIVED IN ERROR) (Part 1 for Contractor)** | | | |
| 1. | To: DESA | From:  Tel:  Email:  Fax: | |
|  | | | |
| 2 | Related Task No: | [*Enter Unique Tasking Number*] | |
|  | | | |
| 3 | Enter a Unique Reference No. for this Report: | | DSACOMDD/5061 |
|  |  | | |
| 4 | Is this report for a Discrepancy or GRIEF or as a result of the Authority recalling Items? [*Please tick the appropriate box, and then complete either Box 5 or 6]*  Discrepancy Report GRIEF Report | | |
|  | | | |
| 5 | Reason for Submission of **Discrepancy Repo**rt (please tick the appropriate box):  Difference in Quantity  Difference in level of contamination  Item/Waste is not as described  Other | | |
|  | | | |
| 6 | Reason for Submission of **GRIEF Report** (please tick the appropriate box):  Item/ Waste is not on this contract.  Classified Items (e.g. weapon spares)  Difference in level of contamination  Item/Waste is not as described  Hazardous Items  Unauthorised direct delivery  Other | | |
|  | | | |
| 7 | Originator’s UIN: | | [*Enter Originator’s UIN*] |
| Originator’s Title: | | [*Enter Originator’s Title*] |
|  | | | |
| 8 | Unit Issue Voucher No: | | [*Enter Issue Voucher No.*] |
|  | | | |
| 9 | Mode of Transport Used: | |  |
| [*Complete with convoy details, e.g. specialised vehicles, consignment notes, police escort, transport requirements*] | |  |
| Weighbridge Ticket No: [*Enter if applicable.*] | | Bill of Lading: [*Enter if applicable.*] |
|  | | | |

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| 10 | **Details of Error** [*including location, volume, NSN numbers if available, dimensions and weight, making clear the difference between the Task and what has been received*] | |
| [*Enter details*] | |
|  | | |
| 11 | Details of Costs:There is no cost There is a cost | |
|  |  |  |
| 12 | If you have indicated at section 10 that there is cost implication, please give details and an explanation here: | |
|  | |
|  |  |  |
| 13 | I hereby confirm that the item(s) have been segregated pending your instruction/action. | |
|  | Date: | Signed: |
|  |  | Name: :[*Block Capitals*] |

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| **REPORT OF A DISCREPANCY OR GRIEF (GOODS RECEIVED IN ERROR) (Part 2 for DESA)** | | |
| 14 | Action taken by DESA: | |
|  |  |  |
|  | | |
| 15 | Note on comments from Unit/Consignor and/or action taken: | |
|  | |
|  | | |
| 16 | Note on decision taken: | |
|  | |
|  | | |
| 17 | Date: | Signed: |
|  |  | Name: :[*Block Capitals*] |

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| **REPORT OF A DISCREPANCY OR GRIEF (GOODS RECEIVED IN ERROR) (Part 3 for Contractor)** | | |
| 18 | Decision by DESA: | |
|  |  | |
|  | | |
| 19 | Have costs been accepted? Yes  No | |
| If costs have not been accepted, comment on this: | |
|  |  | |
|  | | |
| 20 | Action taken: (e.g. Collected, Returned to Unit, Contractor has accepted an amended Task or new Task) | |
|  |  | |
|  | | |
| 20 | Contractor informed of action: | |
|  | Date: | Signed: |
|  |  | Name: :[*Block Capitals*] |