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*] |