CONTRACT DISCREPANCY REPORT

1. CONTRACT NUMBER	**2. REPORT NUMBER FOR THIS DISCREPANCY**
3. TO *(Contractor and Manager's Name)*	**4. FROM** *(Name of QAE)*

5. DATES *(YYYYMMDD)*

a. PREPARED	**b. RETURNED BY CONTRACTOR**	**c. ACTION COMPLETE**

6. DISCREPANCY OR PROBLEM *(Describe in detail. Include reference to PWS Directive; attach continuation sheet if necessary.)*

7. SIGNATURE OF CONTRACTING OFFICER

8a. TO *(Contracting Officer)*	**b. FROM** *(Contractor)*

9. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. *(Cite applicable Q.C. program procedures or new Q.C. procedures. Attach continuation sheet(s) if necessary.)*

10. SIGNATURE OF CONTRACTOR REPRESENTATIVE	**b. DATE** *(YYYYMMDD)*

11. GOVERNMENT EVALUATION *(Acceptance, partial acceptance, reflection. Attach continuation sheet(s) if necessary)*

12. GOVERNMENT ACTIONS *(Reduced payment, cure notice, show cause, other)*

13. CLOSE OUT

	NAME (1)	**TITLE (2)**	**SIGNATURE (3)**	**DATE** *(YYYYMMDD)* **(4)**
a. CONTRACTOR NOTIFIED				
b. QAE				
c. ACO				

Reset