

CONTRACT DISCREPANCY REPORT

CONTRACTOR RESPONSE DUE BY _____ (enter date and time)

Date:		Contractor Response Received:
Contractor:	Contract No.	LACDMH Staff:
Contact Person:	Telephone: () -	LACDMH Staff Signature:
Email:		Email:

Contract discrepancy(ies) is(are) specified below. The Contractor will take corrective action and respond back to the County personnel identified above by the date required. Failure to take corrective action or respond to this Contract Discrepancy Report by the date specified may result in the deduction of damages.

No.	Contract Discrepancy	Contractor's Response*	County Use Only		
			Date Correction Due	Date Completed	Approved
1					
2					
3					
4					

*Use additional sheets if necessary

_____ *Contractor's Representative Signature*

_____ *Date Signed*

Additional Comments: