Prescribed by: 5220.22-V2; FAR 4.4;

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