



THIS FORM IS FOR FITTED CARPET/VINYL COMPLAINTS ONLY

****WE RESPECTFULLY POINT OUT THAT WE CANNOT DEAL WITH ANY COMPLAINT UNLESS THE GOODS HAVE FIRSTLY BEEN INSPECTED BY THE RETAILER AND A TRUE & HONEST REPORT IS GIVEN AS DETAILED BELOW.** ----- FOLLOWING YOUR INSPECTION, IF YOU FEEL A MANUFACTURING PRODUCT FAULT DOES EXIST, PLEASE COMPLETE THE DETAILS BELOW IN FULL AND SEND TO CUSTOMER SERVICES AS SOON AS POSSIBLE. FAX No. 01322 628740.**

DO NOT CONTACT YOUR REPRESENTATIVE, AS THIS WILL DELAY THE PROCESSING OF THIS COMPLAINT.

ACCOUNT NO: CONTACT NAME:..... DATE:

RETAILER NAME & ADDRESS:

CONSUMER NAME & ADDRESS:

TELEPHONE NUMBER:
FAX NUMBER:

TELEPHONE NUMBER:
MOBILE NUMBER:

PRODUCT: FURLONG ORDER/INVOICE NO:.....
COLOUR: DATE OF INSTALLATION:.....
SIZE/S:..... RETAILER ORDER REFERENCE:.....

INSTALLATION Room/s installed in: Room/s affected:

No. of adults in house:..... No. of children..... Any pets?.....

Method of fixing..... Type of Underlay used..... Type of maintenance used.....

Subfloor type..... Subfloor condition: WET / DRY / DAMP / ROUGH / SMOOTH

*A: Has water/any other liquid/s been spilt onto the carpet/vinyl? YES/NO

*B: Has the carpet/vinyl been cleaned with water/any other liquid/s? YES/NO

C: Have the goods been fitted on underfloor heating? YES/ NO – If yes, please state if Radiant or Hot Water

**If Yes to A or B, please state type of spillage, when spillage occurred, type of cleaning liquid used and when the goods were cleaned

HAVE THE GOODS BEEN INSPECTED BY YOU? ----- YES / NO

N.B -- SHOULD IT BE NECESSARY FOR US TO INSTIGATE AN INDEPENDENT INSPECTION, THE AVERAGE COST IS £60.00 + VAT WHICH WILL BE PASSED ONTO YOU IF THE COMPLAINT IS FOUND TO BE THAT OF NON-MANUFACTURING FAULTS.

ACCEPTANCE OF THE ABOVE – Signature..... Date:.....

NATURE OF OR SUGGESTED CAUSE OF COMPLAINT – PLEASE GIVE US REASONS WHY YOU THINK THIS IS A MANUFACTURING FAULT.

Please attach any other relevant information i.e diagram/photograph.

WHAT IS REQUIRED TO RESOLVE THE COMPLAINT?