

PRODUCT COMPLAINT FORM



Date: _____

PLEASE COMPLETE AND RETURN TO:

Relay Park
Relay Drive
Tamworth, Staffordshire
B77 5PR
Tel: 01827 831496
Fax: 01827 831435

We would respectfully point out that we cannot process an enquiry until an inspection has been carried out by the retailer.

Retailer Name and Address

Consumer Name and Address

Tel: _____
Contact: _____
Email: _____
Account Number: _____
Invoice Number: _____

Home Tel: _____
Mobile: _____
Email: _____
Invoice Date: _____

ABOUT THE CARPET

Quality: _____
Colour: _____
Size: _____
No of Pets: _____
No of Adults: _____
No of Children: _____

Location in House: _____
Date Fitted: _____
Type of underlay: _____
Sub Floor: _____
Method of Fitting: _____
Vacuum Cleaner Type: _____

Has the carpet been cleaned since installation
If Yes, Date of Clean _____

Yes / No (Delete as appropriate)
Type of Clean _____

Images available (tick appropriate box)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Retailers Inspection Report:

In your opinion, can this complaint be settled with an allowance?
If Yes, Suggested Allowance _____

Yes / No

Completed complaint forms must be accompanied with images of the fault.
Please email to marie.york@hfdtamworth.com