



PRODUCT COMPLAINT FORM

Important Please quote this reference

Date :

PLEASE COMPLETE AND RETURN TO :

Kersiant Cobb & Co
Gorsey Lane
Coleshill
B46 1JU
Tel : 01675 433019 -

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

Retailer : Name & address

MR CARPET LTD
299 UPPER RICHMOND RD WEST
EAST SHEEN, LONDON
SW14 8QS

Consumer : Name & address

MISS YOULE
18 LEWIN ROAD,
EAST SHEEN
LONDON SW14 8DR

Tel : 020-8876-9126

Contact : RICHARD CLOUGH

Home Tel: _____

Work Tel: _____

Mobile Tel: 07778-034139
PARTNERS MOBILE 07950-046984

Account No : 9271

Invoice No : _____

Invoice date : _____

ABOUT THE CARPET :

Quality NORDIC PAMPAS

Location In house BEDROOMS + LANDING

Colour HELSINKI

Date fitted 18-03-2015

Size ALL CUTS (11.05m TOTAL)

Type of underlay PU FORM (10mm)

Pets ? NOT SURE

Sub floor WOOD

Adults 2

Method of fitting. STRETCH

Children 1 (AT LEAST)

Has the carpet been cleaned since installation ?

Images available (tick appropriate box)

Yes

No

Details : _____
Date _____ Type _____

Retailers inspection report

PILLING THROUGHOUT ON TRAFFIC AREAS.
LOOSE FLUFF DOES COME OFF WHEN YOU
PULL/PICK IT. SEE IMAGES OF ISSUE
ATTACHED

In your opinion can this complaint be settled by an allowance ?

? NOT SURE

Suggested allowance ? ? NOT SURE

Retailers Signature [Signature]

Position BRANCH MANAGER



COMPLETED COMPLAINT FORMS MUST BE ACCOMPANIED BY IMAGES OF THE FAULT,
PLEASE E-MAIL TO SARAH.KIRBY@HFD COLESHILL.COM