

PRODUCT COMPLAINT FORM

Date: WEDNESDAY 5/11/2022

MR. CARPET
REF (P 30278)

PLEASE COMPLETE AND RETURN TO:

Relay Park
Relay Drive
Tamworth, Staffordshire
B77 5PR
Tel: 01827 831496
Fax: 01827 831425

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

ANNANDALE

Retailer Name and Address

MR CARPET (H/OFFICE)
32 STADIUM STUDIOS
RIVERSIDE ROAD
LONDON SW17 0BA
Tel: _____
Contact: _____
Email: _____
Account Number: 2114
Invoice Number: 3133912

Consumer Name and Address

MRS. B ANNANDALE
68 FRANKIE GUY ROAD
LONDON
SW17 0JU
Home Tel: _____
Mobile: 07766 / 801533
Email: _____
Invoice Date: _____

ABOUT THE CARPET

Quality: BERBER TRADITIONS
Colour: RIB SHELL
Size: 5.45 x 4.40 x 4.1
No of Pets: _____
No of Adults: 2
No of Children: _____

Location in House: 2 BEDS STAIRS / LANDING
Date Fitted: 5/11/2022
Type of underlay: 10MM PU FOAM
Sub Floor: WOOD
Method of Fitting: EDGE COVER
Vacuum Cleaner Type: NOT KNOWN

Has the carpet been cleaned since installation Yes / No (Delete as appropriate)
If Yes, Date of Clean N/A Type of Clean _____

Images available (tick appropriate box)

Yes No

SENT ON SEPARATE

Retailers Inspection Report:

718 ROWS TUFTS IN SMALL BED TOTAL (E MAIL
3 - IN LARGE BEDROOM - 2 IN LANDING 2
SHOULD BE ABLE TO BE RESOLVED ON SITE
PLEASE LET US KNOW

In your opinion, can this complaint be settled with an allowance? Yes No
If Yes, Suggested Allowance _____

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