



PRODUCT COMPLAINT FORM

Date: _____

PLEASE COMPLETE AND RETURN TO:

Relay Park
Relay Drive
Tamworth, Staffordshire
B77 5PR
Tel: 01827 831496
Fax: 01827 831451

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

Tel: _____

Contact: _____

Email: _____

Account Number: _____

Invoice Number: _____

Consumer Name and Address

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

Yes / No (Delete as appropriate)

If Yes, Date of Clean _____

Type of Clean _____

Images available (tick appropriate box)

Yes

No

Retailers Inspection Report:

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 matt.williams@hfdtamworth.com