

VICTORIA CARPETS COMPLAINT QUESTIONNAIRE

Claim registration number			
RETAILERS DETAILS		CONSUMERS DETAILS	
Account number:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Tel no:		Tel no:	
Contact name:			
Email address:			
PRODUCT DETAILS			
Date purchased:		Date fitted:	
Product name:		Colour name:	
Invoice and Order No:		Sizes:	
Your PO no:		Area fitted:	
COMPLAINT DESCRIPTION			
ADDITIONAL INFORMATION			
No. of occupants:		Fitting method:	
Pets:		Vacuum type:	
Frequency of vacuuming:		Subfloor type:	
INSPECTION DETAILS			
Date of retailer's inspection?			
What is your recommendation?			
Any other observations?			
Inspected by:		Position in Company:	

Signed by:

Date:

Any further information, including a diagram of the installation and photographs should be attached where possible.