



PRODUCT COMPLAINT FORM

Date: _____

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.

Retailer Name and Address

Consumer Name and Address

Tel: _____

Home Tel: _____

Contact: _____

Mobile: _____

Email: _____

Email: _____

Account Number: _____

Invoice Date: _____

Invoice Number: _____

ABOUT THE CARPET

Quality: _____

Location in House: _____

Colour: _____

Date Fitted: _____

Size: _____

Type of underlay: _____

No of Pets: _____

Sub Floor: _____

No of Adults: _____

Method of Fitting: _____

No of Children: _____

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
<input type="checkbox"/>	<input type="checkbox"/>

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 marie.york@hfdtamworth.com