



PRODUCT COMPLAINT FORM

Important Please quote this reference

PLEASE COMPLETE AND RETURN TO :

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

Date :

19/11/19

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
70 Lower Richmond Road
LONDON
SW15 1LL

Consumer : Name & address

MR & MRS MUTH
4 CASTLE AVENUE
LONDON
SW15 6GA

Tel : 020 8789 3133

Contact : JACK

Home Tel: _____

Work Tel: _____

Mobile Tel: 07771 850199

Account No : 9271

Invoice No : 1779 1036

Invoice date : 16/9/19

ABOUT THE CARPET :

Quality PAMPAS NORDIC

Colour OULU

Size 655 x 400

Pets _____

Adults 2

Children _____

Location In house Top Floor Room

Date fitted 4/10/19

Type of underlay 10mm PU foam

Sub floor TIMBER

Method of fitting Smerch Fit

Has the carpet been cleaned since installation ?

Images available (tick appropriate box)

Yes

No

Details : _____
Date _____ Type _____

Retailers inspection report

CARPET HAS STRONG AROMA, DESPITE BEING LAD FOR 6 WEEKS THE SMELL HAS NOT SUBSIDED.

CONSUMER REPORTS THAT THE AROMA IS NOW NEGATIVELY AFFECTING THEIR BREATHING.

In your opinion can this complaint be settled by an allowance ? NO

Suggested allowance ? N/A

Retailers Signature _____

Position MANAGER - POTTERY BRANCH



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