



All complaints must be inspected by the retailer before completing this form. When faxing, please use black pen

Account

Company Name	ML CARPET LTD
Address Line 1	UNIT 19-32
Address Line 2	QUENSDIE ROAD
Address Line 3	WIMBORNE STATION ST
Postcode	SW17-0QS
A/c Code	MIS 001
Tel	
Fax	
Contact Name	
Inspected By	
Position in Company	

Store (Only to be completed where different to account)

Company Name	MR CARPET
Address Line 1	308 WONDRE RD
Address Line 2	WINDON
Address Line 3	
Postcode	SW20 8QU
Contact Name	ANTHONY
Tel	0208 947 7522
Fax	0208 947 7522

Date complaint form sent: 23/10/18

Consumer (if applicable)

Contact Name	MS IMOTEN CUSTERS				
Address Line 1	3 SHIPKA ROAD				
Address Line 2	WINDON				
Address Line 3					
Postcode	SW12-9QP				
Tel (Home)					
Tel (Work)					
Tel (Mobile)	07914 413-482				
Occupants at address: Adults	2	Children	N/A	Pets	N/A
Vacuum Type (Upright / Cylinder)		Vacuum Age		Yes	
Price paid for carpet		(inc. Fitting and underlay Yes/No)			

Carpet Details (for each piece)

Ref: Range & Colour	Length	Width	Backing	Commar Ord/Inv No	Customer P/Order Ref
HOME COUNTRIES SO CARIN GREEN	4.05 4.05	4m	AKNOR	V45059	R17736
	4.05	4m	AKNOR	V45059	R17736
	4.05	4m	AKNOR	V45059	R17736
	4.05	4m	AKNOR	V45059	R17736
	4.05	4m	AKNOR	V45059	R17736

Installation (if applicable)

Date Fitted	30/11/17	Underlay Type	4202 FELT
New underlay?	Yes/No	Underlay Type	4202 FELT
Method of fitting	GRIPPER		
Type of floor	WOOD		
Room(s) carpet fitted	WHOLE HOUSE		
Was advice given on shading at point of sale?	Yes/No	Was advice given on flattening at point of sale?	Yes/No
Was advice given on colour-matching at point of sale?	Yes/No	Has the carpet been cleaned or treated since installation?	Yes/No

PLEASE ENTER FAULT DETAILS BELOW

CARPET UNDER WINDOW FRAME SHOWING EXCESSIVE AND IRREGULAR
PILES REVERSAL. NOT AN AREA OFTEN WORKED ON.
REPLACEMENT

(A full description of the nature of the fault can speed-up the processing of this complaint)