



# PRODUCT COMPLAINT FORM

Important Please quote this reference

Date: 19/01/21

PLEASE COMPLETE AND RETURN TO :  
Kersiant Cobb & Co  
Gorse Lane  
Coleshill  
B46 1JU  
Tel : 01675 433019 -

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, 299 UPPER  
RICHMOND ROAD WEST,  
LONDON, SW14 8QU

Consumer : Name & address

MRS ANAIS MORNICHE  
15 SUTHERLAND GARDENS  
LONDON  
SW14 - 8DB

Tel: 0208 876 9126  
Contact: ANTHONY

Home Tel: \_\_\_\_\_  
Work Tel: \_\_\_\_\_  
Mobile Tel: 07768 031 250

Account No: 9271  
Invoice No: 18098055  
Invoice date: NOT KNOWN

### ABOUT THE CARPET :

Quality	PAMPAS NORDIC	Location In house	LOFT BEDROOM
Colour	SKAGEN	Date fitted	14/01/21
Size	4.25 x 5M	Type of underlay	PU FOAM
Pets	0	Sub floor	WOOD
Adults	2	Method of fitting.	GRIPPER + STRETCH
Children	2		

Has the carpet been cleaned since installation ?

Images available  
(tick appropriate box)

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Details : \_\_\_\_\_  
Date \_\_\_\_\_ Type \_\_\_\_\_

Retailers inspection report

WE FOUND TWO FAULTS. LINE FAULT +  
1x AREA OF MISSING TUFTS. PHOTOS PROVIDED

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

Suggested allowance ?

Retailers Signature

Position SALES ASSISTANT



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