



PRODUCT COMPLAINT FORM

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

Important Please quote this reference

Date : 02/12/20

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
299 UPPER RICHMOND
RD WEST, EAST
SHEEN, SW14 8QU

Tel : 0208 876 126

Contact : ANTHONY

Account No : 9271

Invoice No : 18105810

Invoice date :

Consumer : Name & address

MR RICHARD FORBES - CROSS
23 TREMERN AVENUE
SW14 - 8PP

Home Tel: _____

Work Tel: _____

Mobile Tel: _____

ABOUT THE CARPET :

Quality PAMPAS NORDIC
Colour SKIPANES
Size 3.05 x 4m
Pets NO
Adults 2
Children 0

Location In house LOFT BED
Date fitted 30/11/20
Type of underlay FELT
Sub floor WOOD
Method of fitting GRIPPER

Has the carpet been cleaned since installation ?

Images available (tick appropriate box)

Yes

No

Details : _____
Date _____ Type _____

Retailers inspection report

FAULT LINE IN WEAVE OF YARN,
PHOTO'S SUPPLIED.

REPLACEMENT NEEDED.

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

Suggested allowance ?

Position ESTIMATOR



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