



**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"/>
<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](mailto:marie.york@hfdtamworth.com)