



# Complaint Questionnaire - Fax back to 01204 888154

Brookhouse Mill, Greenmount, Bury, BL8 4HR. Tel: 01204 881234



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

**Account**

Company Name	MR CARPET (Leaves) Ltd
Address Line 1	299 Urban Regeneration Lead
Address Line 2	West
Address Line 3	Levens
Postcode	Suite 805
A/c Code	MCC02
Tel	020 8826 9126
Fax	
Contact Name	Jack
Inspected By	Jack
Position in Company	Director

**Store (Only to be completed where different to account)**

Company Name	
Address Line 1	
Address Line 2	
Address Line 3	
Postcode	
Contact Name	
Tel	
Fax	

Date complaint form sent: 7/2/24

**Carpet Details (for each piece)**

Ref. Range & Colour	Length	Width	Backing	Coramar Ord/Inv No	Customer P/Order Ref
ORRANOS 42 - Pampas	22	5		M0032265 / 06445	Jack

**Consumer (if applicable)**

Contact Name	MARTIN GALE				
Address Line 1	11 Crown Court				
Address Line 2	145 Grosvenor Place				
Address Line 3	Levens				
Postcode	SO14 3JU				
Tel (Home)					
Tel (Work)					
Tel (Mobile)					
Occupants at address: Adults	<input type="checkbox"/>	Children	<input type="checkbox"/>	Pets	<input type="checkbox"/>
Vacuum Type (Upright / Cylinder)		Vacuum Age		Yes	<input type="checkbox"/>
Price paid for carpet	(inc. Fitting and underlay Yes/No)				

**Installation (if applicable)**

Date Fitted	26/1/24		
New underlay?	Yes/No	Underlay Type	10mm P0 foam
Method of fitting	Smetu fit / Transmat		
Type of floor			
Room(s) carpet fitted	Lounge / Dining Room / Master Bedroom		
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**

FAULT LINE DOWN LEVENE OF ENTIRE REE OF CARPET. Rusts Attached To GARLIC.

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