

PRODUCT COMPLAINT FORM

Date: 26/04/24

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

MIR CARPET LONDON LTD
299 UPPER RICHMOND ROAD
WEST, LONDON, SW14-8QU

Consumer Name and Address

MRS KIM FELLOWS
32 EAST SHEEN AVENUE, LONDON
SW14-8AS

Tel: 0208 876 9126

Home Tel: X

Contact: _____

Mobile: 07754 565 627

Email: SHEENBRANCH@MIRCARPETLONDON.CO.UK

Email: X

Account Number: 8408

Invoice Number: 93467920

Invoice Date: _____

ABOUT THE CARPET

Quality: STODDARD TAMPUNTON DESIGN

Location in House: MASTER BEDROOM

Colour: NATURAL TAN

Date Fitted: 19/03/24

Size: 410 x 500

Type of underlay: PV FOAM

No of Pets: X

Sub Floor: WOOD

No of Adults: 2

Method of Fitting: STRETCH FIT

No of Children: X

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

POLE MARK

Retailers Inspection Report:

WITH INITIAL INSPECT SHOWED FAULT LINE. WE SUGGESTED A BUT
5 WEEKS LATER NO IMPROVEMENT
PHOTOS ATTACHED.

In your opinion, can this complaint be settled with an allowance? Yes / No - MAYBE

If Yes, Suggested Allowance _____

Completed complaint forms must be accompanied with images of the fault. Please email to marie.york@hfdtamworth.com