

PRODUCT COMPLAINT FORM



Date: 14/11/24

PLEASE COMPLETE AND RETURN TO:

Relay Park
 Relay Drive
 Tamworth, Staffordshire
 B77 5PR
 Tel: 01827 831496

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
MR CARPET (LONDON) LTD
299 UPPER LICHFIELD ROAD
WEST,
LONDON, SW14 8QS
 Tel: 020 8876 9126
 Contact: JACK
 Email: SHENBURN@MRCARPETLONDON.CO.UK
 Account Number: 382
 Invoice Number: _____

Consumer Name and Address
Mrs SARAH HOWARD
45 EDINGHAM ROAD
LONDON
SW15 1BQ
 Home Tel: _____
 Mobile: _____
 Email: _____
 Invoice Date: _____

ABOUT THE CARPET

Quality: CHESEA
 Colour: HUMUS 216
 Size: 545 x 500
 No of Pets: N/A
 No of Adults: 2
 No of Children: N/A

Location in House: Bedroom
 Date Fitted: 12/11/24
 Type of underlay: PU FOAM
 Sub Floor: WOOD
 Method of Fitting: SMETCH FIT
 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 checked="" type="checkbox"/> | <input type="checkbox"/> |

Retailers Inspection Report:
LOTS OF LATEX IN BRACKING, CAUSED LOTS OF
RIDGES IN CARPET, LOOKS AWFUL & WILL NOT
SMETCH OUT.

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