



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
Address Line 1	308 WOPPE ROAD
Address Line 2	LONDON
Address Line 3	
Postcode	SW20 8QV
Alc Code	MIS001
Tel	0208 947-7522
Fax	
Contact Name	ANTHONY
Inspected By	ANTHONY
Position in Company	MANAGER

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: _____

Consumer (if applicable)

Contact Name	MRS U2 O'GRIEN				
Address Line 1	NANMORE				
Address Line 2	RALEIGH DRIVE				
Address Line 3	CLAY GATE				
Postcode	KT10-9DE				
Tel (Home)					
Tel (Work)					
Tel (Mble)	07961 031-131				
Occupants at address: Adults	2	Children		Pets	
Vacuum Type (Upright / Cylinder)		Vacuum Age			
Price paid for carpet	(inc. Fitting and underlay Yes/No)				

Carpet Details (for each piece)

Ref. Range & Colour	Length	Width	Backing	Commar Ord/Inv No	Customer P/Order Ref
HOME COUNTES 42 SILVER UBUD	4.55	4		WIS68790	N18116

Installation (if applicable)

Date Fitted	14/5/19
New underlay?	Yes/No
Method of fitting	SMELI GRAPPER
Type of floor	WOOD
Room(s) carpet fitted	REDROOM
Was advice given on shading at point of sale?	Yes/No
Was advice given on colour-matching at point of sale?	Yes/No
Was advice given on flattening at point of sale?	Yes/No
Has the carpet been cleaned or treated since installation?	Yes/No

PLEASE ENTER FAULT DETAILS BELOW

CUSTOMER HAS NOTICED SOMEWHAT DISCOLOURATION IN CRT, SEE PHOTO'S ATTACHED.

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