

PRODUCT COMPLAINT FORM

Date: _____

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

Tel: _____
Contact: _____
Email: _____
Account Number: _____
Invoice Number: _____

Consumer Name and Address

Home Tel: _____
Mobile: _____
Email: _____
Invoice Date: _____

ABOUT THE CARPET

Quality: _____
Colour: _____
Size: _____
No of Pets: _____
No of Adults: _____
No of Children: _____

Location in House: _____
Date Fitted: _____
Type of underlay: _____
Sub Floor: _____
Method of Fitting: _____
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"/>

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