Application for Conciliation

PART A (to be completed by the consumer)

Please complete Part 'A' in block capitals and hand to the Carpet Foundation Retail Member

Consumer Details	**Carpet Foundation Retail Member's Details**
Name	Name
Address	Address
Post Code	Post Code
Daytime Telephone No	Daytime Telephone No
Mobile No	Mobile No

Product Details	
Name of Product	Colour/Design No
Name of Manufacturer	How long in use
Date of Installation	Where Installed
When was the problem reported to the retailer?	

Location	
In which room is the alleged fault located?	
Is an underlay fitted? ☐ Yes / ☐ No	Is the underlay ☐ New or ☐ Existing?
How frequently is the carpet vacuum cleaned?	
What type of vacuum cleaner is used?	
Number of occupants in the house?	Any household pets? ☐ Yes / ☐ No
Has the carpet been wet cleaned? ☐ Yes / ☐ No	By whom?
Was a stain resist treatment applied? ☐ Yes / ☐ No	
If Yes, ☐ before or ☐ after installation?	By whom?
Is your home new? ☐ Yes / ☐ No	Type of sub-floor? ☐ Wood or ☐ Concrete

Description of the complaint:

Description of the complaint (Part A continued):

List of documents accompanying this form:

Signed (Consumer)	Date

PART B (to be completed by the CF Retail Member)

Please complete Part 'B' in block capitals after the consumer has completed Part 'A'.
Make 2 copies of the completed form with supporting documents.
Give one copy to the consumer, retain one for yourself and send the original to the Carpet Foundation.

Carpet Foundation Retail Member's Details	
Business Name	
Address	
Post Code	
Telephone No	Contact Name

Product Installation	
Were you responsible? ☐ Yes / ☐ No	Date of installation
Was new underlay supplied/fitted? ☐ Yes / ☐ No	Location of carpet
If No and an independent carpet fitter was used, please supply their details below:	
Name	
Address	
Post Code	Telephone No

Carpet Supplied	
Name of Manufacturer/Supplier	
Product	Design/Colour
Size of affected area	Total quantity of product supplied
Is this affected area part of a bigger job of the same product? ☐ Yes / ☐NO	
Date installed	Time in use
Date consumer notified problem	Date of your inspection of the fault
Were maintenance instructions given to the consumer: ☐ Yes / ☐ No	
Has the fault been inspected by the manufacturer/supplier ☐ Yes / ☐ no	
If 'Yes' date of inspection	Date of inspection report
Type of underlay	☐ New or ☐ existing?

Your views on the consumer's complaint:

Your views on the consumer's complaint (Part B continued):

Recommended settlement:

List of supporting documents accompanying this form:

Signed (Carpet Foundation Retail Member)	Date

Send to: The Carpet Foundation, MCF Complex, 60 New Road, Kidderminster, Worcestershire DY10 1AQ