

Carpet Foundation ADR Procedure Application for Conciliation

PART A (to be completed by the consumer)

Please complete Part 'A' in block capitals and return to the Carpet Foundation, either by mail or email.*

Consumer Details	Retail Member Details
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Daytime Telephone No:	Daytime Telephone No:
Email:	Email:

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? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Is the underlay <input type="checkbox"/> New or <input type="checkbox"/> Existing?
How frequently is the carpet vacuum cleaned?	
What type of vacuum cleaner is used?	
Number of Occupants in the house?	Any household pets? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Has the carpet been wet cleaned? <input type="checkbox"/> Yes / <input type="checkbox"/> No	By whom?
Was a stain resist treatment applied? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If Yes, <input type="checkbox"/> before or <input type="checkbox"/> after installation?	By whom?
Is your home new? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Type of sub-floor <input type="checkbox"/> Wood or <input type="checkbox"/> Concrete

Description of the complaint:

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Description of the Complaint (Part A continued):

Preferred Outcome:

List of documents accompanying this form:

Signed (Consumer)	Date

***Send either by mail to: The Carpet Foundation, MCF Complex, 60 New Road, Worcestershire DY10 1AQ
or by email to: info@carpetfoundation.com**