Carpet Foundation ADR Procedure Application for Conciliation

PART B (to be completed by the Retail Member)

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

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Retailer Details		
Business Name:		
Address:		
Postcode:		
Telephone:	Email:	
Product Installation		
Where 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:		
Postcode:	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?		
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: (Part B Continued)	
Preferred Outcome:	
List of documents accompanying this form:	
Signed (Degistered Specialist Detailer)	Date
Signed (Registered Specialist Retailer)	Date

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