



CUSTOMER COMPLAINT REGISTRATION FORM - PART A

To be completed by Customer & Returned Directly to Fay Bolt

To Email: select SHARE & attach to email

To Fax: select print and fax to number

Date: _____

Retailer Details

Name: _____ Contact: _____

Address: _____ Phone: _____

_____ Mobile: _____

Account No: _____ Email: _____

Customer Details (Site):

Name: _____ Contact: _____

Address: _____ Phone: _____

_____ Mobile: _____

Product Information

MJS Invoice No.:		Date:			
Product:		Colour:		Batch:	
Metres related to complaint:		Invoice Price/Metre:	\$		
Installation Date:		Installed By:		Installer's Mob No:	
Type of Building / Rooms:		Subfloor Type:			Adhesive:
Inspected By:				Date Of Inspection:	
Details of Inspection:					

Recommended Action:					

