



CUSTOMER COMPLAINT REGISTRATION FORM - PART A

To be completed by Customer & Returned Directly to Fay Bolt

To Email: Click EMAIL FORM button

To Fax: Select print and fax to number shown above

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:	
Installer Qualification:			FCIA Membership No:		
Type of Building / Rooms:		Subfloor Type:			Adhesive:
Inspected By:			Date Of Inspection:		
Details of Inspection:					
Recommended Action:					
Photo Attached:	YES <input type="checkbox"/>		NO <input type="checkbox"/>		