



Distributor Complaint Report Form

Form #

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Vinyl Sheet, Fiberfloor, LVT, and Laminate/Wood

Date

MM/DD/YYYY

Distributor	Jaeckle Distributors	Product description	<input type="checkbox"/> TILES	<input type="checkbox"/> FIBERFLOOR	<input type="checkbox"/> RESILIENT
Location	Madison, WI		<input type="checkbox"/> LAMINATE	<input type="checkbox"/> HARDWOOD	<input type="checkbox"/> ACCESSORY
Retailer		Manufacturer	<input type="checkbox"/> TARKETT	<input type="checkbox"/> NAFCO	<input type="checkbox"/> DOMCO
Address			<input type="checkbox"/> OTHER		
City, State/Prov		Name / Series			
Zip/Postal code		Item number/SKU			
Telephone		Lot - Roll #			
Customer #		Installed on			
Branch		Reported on			
Representative					
Consumer		MATERIAL	Quantity	\$/unit	Sub-Total (\$)
Address		LABOR	0.00	\$0.00	\$0.00
City, State/Prov		MISC. / ALLOWANCE	1.00	\$0.00	\$0.00
Zip/Postal code		TOTAL		\$0.00	\$0.00
Telephone-Home		MANUFACTURING CODE			
Telephone-Work					
Defect found	<input type="checkbox"/> BEFORE INSTALL	<input type="checkbox"/> DURING INSTALL	<input type="checkbox"/> AFTER INSTALL	<input type="checkbox"/> IN STOCK ITEMS	
Sample Submitted is From	<input type="checkbox"/> INSTALLED MATERIAL	<input type="checkbox"/> UNINSTALLED	<input type="checkbox"/> PICTURES		

INSTALLATION INFORMATION:

(All sections must be completed regardless of Product, BLUE SECTION MUST BE COMPLETED IF CLAIM IS HARDWOOD)

Installed By	<input type="checkbox"/> Retailer	<input type="checkbox"/> Contractor	<input type="checkbox"/> Consumer	<input type="checkbox"/> Not Installed/In Stock Item	
Installation Method	<input type="checkbox"/> Adhered	<input type="checkbox"/> Floating	<input type="checkbox"/> Others		
Nail/Staple	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fastener Size	Spacing	
Room Covered					
Trowel Notches	<input type="checkbox"/> 1/32"X1/16"X1/32"	<input type="checkbox"/> 1/16"X1/16"X1/16"	<input type="checkbox"/> 1/32"X1/32"X1/32"	<input type="checkbox"/> Others	
3 Sections Steel Roller	<input type="checkbox"/> 100 lbs	<input type="checkbox"/> 75 lbs	Seam Tape	<input type="checkbox"/> Double Face	<input type="checkbox"/> Floating Seam Tape
Patching Compound			Manufacturer		
Adhesive/Tools used			Manufacturer		

JOB SITE INFORMATION : Must be completed for claim analysis

Moisture during Installation	Flooring	Underlayment	Subfloor				
Moisture during Inspection	Flooring	Underlayment	Subfloor				
Relative Humidity	%	At time of installation	At time of inspection				
Room Temperature	F° / C°	At time of installation	At time of inspection				
Subfloor / Level	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> Below grade	<input type="checkbox"/> On grade	<input type="checkbox"/> Above grade	pH test result		
Heating System	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Electrical	<input type="checkbox"/> Radiant	<input type="checkbox"/> Others	Existing Floor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Subfloor	<input type="checkbox"/> Single Layer	<input type="checkbox"/> Double Layer	Type / Thickness	Joists	<input type="checkbox"/> 16 O.C.	Other	
Flooring protection	<input type="checkbox"/> Walk off mat	<input type="checkbox"/> Leg Protection	<input type="checkbox"/> Poor condition	<input type="checkbox"/> Adequate	<input type="checkbox"/> Worn	<input type="checkbox"/> None	
Flooring maintenance	<input type="checkbox"/> Adequate	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Cleaner used				
Vapor/Foam Barrier	<input type="checkbox"/> YES	<input type="checkbox"/> 3 in 1	<input type="checkbox"/> 2 in 1	<input type="checkbox"/> Quiet-Cor	Other / Brand		

MANUFACTURING DEFECT DESCRIPTION

Consumer description:

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COMPLAINT REFERENCE CHART

<input type="checkbox"/> MISS PRINT	<input type="checkbox"/> ROUNDED CORNER	<input type="checkbox"/> GROUT DEGRADATION	<input type="checkbox"/> PEAKING
<input type="checkbox"/> PRINT OFF REGISTER	<input type="checkbox"/> MISS CUT / MISS FIT	<input type="checkbox"/> OFF SQUARE	<input type="checkbox"/> DOMING
<input type="checkbox"/> GEL SCRATCH / STREAK	<input type="checkbox"/> TEXTURE VARIATION	<input type="checkbox"/> PATTERN DISTORTION	<input type="checkbox"/> EDGES CUT
<input type="checkbox"/> MISSING FOAM / BACKING	<input type="checkbox"/> EXTERNAL CAUSES	<input type="checkbox"/> TEXTURE VARIATION	<input type="checkbox"/> CREASES
<input type="checkbox"/> PLASTICIZER DRIP	<input type="checkbox"/> BLISTERS	<input type="checkbox"/> LAMINATION	<input type="checkbox"/> BEVEL
<input type="checkbox"/> DONUTS / WHITE DOTS	<input type="checkbox"/> EMBEDDED CRUMB	<input type="checkbox"/> TELEGRAPHING	<input type="checkbox"/> ABUSE
<input type="checkbox"/> CONTAMINATION	<input type="checkbox"/> SIZE DIFFERENTIAL	<input type="checkbox"/> EXCESSIVE HUMIDITY	<input type="checkbox"/> INSTALLATION
<input type="checkbox"/> CREASE / WRINKLE	<input type="checkbox"/> PIGMENT	<input type="checkbox"/> EMBOSING VARIATION	<input type="checkbox"/> FULL / TIGHTNESS
<input type="checkbox"/> OFF SHADE / OFF COLOR	<input type="checkbox"/> ANGULARITY	<input type="checkbox"/> SIDE TO SIDE SHADING	<input type="checkbox"/> OTHERS

If others is checked, describe manufacturing defect here:

NOTE : Included sample, Distributor Invoice and Distributor replacement Material Invoice and submit to your Tarkett

Attributed Technical and Claims Group Contact Person. Allow 4 to 6 Weeks for Processing.

Print and Provide a copy to the Retailer as a Reference to this File

Retailer Signature :	Consumer Signature :
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If replacement labor cost is requested: include a scan copy of the itemized labor bill

If photos only are submitted, the photos must clearly show the defect or sample MUST be supplied for claim analysis