

# Product Complaint Form

Return To: Tri-State Wholesale Flooring

Tel: (800) 353-3080

Fax: (605) 336-3043

E-mail: info@tsf.com



**Karndean**  
Designflooring

**Instructions:** *All fields in this section must be completed. Failure to do so will delay the processing of the complaint.*

Today's Date: \_\_\_\_\_

Product Install Date: \_\_\_\_\_

## **Karndean Account Information**

Karndean Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Installed by this Retailer: Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address: \_\_\_\_\_

## **End User Information**

End User Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

## **Product Information**

Product Used: \_\_\_\_\_

Karndean Invoice Number: \_\_\_\_\_

Ordered Quantity: \_\_\_\_\_

Batch Number: \_\_\_\_\_

Affected Quantity: \_\_\_\_\_

*Please identify boxes or sq ft*

## **Brief Description of the Complaint**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Brief Description of the Resolution Requested**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions:** *This section will help expedite the process but is not mandatory to initiate the complaint process. Please provide as much information as possible. Some, if not all, may be required at a later date during the review of the complaint.*

Photos Taken Yes \_\_\_\_\_ No \_\_\_\_\_

Samples Obtained Yes \_\_\_\_\_ No \_\_\_\_\_

## **Sundries Information**

### Karndean Adhesive Used

DrySet \_\_\_\_\_ K-Spray \_\_\_\_\_

K91-A \_\_\_\_\_ 2 Part Epoxy \_\_\_\_\_

Other \_\_\_\_\_

### Karndean Maintenance Products Used

Clean \_\_\_\_\_ Refresh \_\_\_\_\_

Remove \_\_\_\_\_

Other \_\_\_\_\_

## **Site Information**

Type of Sub-Floor \_\_\_\_\_

Floor Prep Done \_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the Floor Rolled? \_\_\_\_\_

How long was Product Acclimated? \_\_\_\_\_

Moisture Test Type and Results \_\_\_\_\_