

# Florim USA Quality Feedback Form

Please Fill Out Completely and Forward With Samples To:

Florim USA  
 Attn: Amanda Libby  
 300 International Blvd  
 Clarksville, TN 37040

Office Use Only
Complaint No. _____
Chargeback No. _____
Date Reported _____

**SECTION 1 TO BE COMPLETED BY DISTRIBUTOR**

Distributor:	Jaeckle Distributors	Phone: 800 236 7225
Location:	Madison, WI	Fax: _____
Contact:	Sherry Taylor	Hm Ph: _____
Distributor's Cust.:	Jaeckle - Stock	Wk Ph: _____
Address:	_____	Fax: _____
	_____	Email: _____
	_____	

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Item Number: _____	Date Purchased: _____
Product Name: _____	Qty Purchased: _____
Size/Color: _____	Date Installed: _____
Installed By: _____	Qty Installed: _____
Credit Requested: Yes _____ No _____	Qty With Problem: _____
Estimated Labor Expenses: _____	
Florim Invoice/Order Number: _____	
Attachment (Circle all that apply):	Photos                      Samples                      Cartons

**SECTION 2 TO BE COMPLETED BY INSPECTOR/SALES REP**

Inspected By: _____	Phone #: _____
Job Number: _____	Size Code: _____
	Shade Code: _____
Type of Installation:	Residential _____ Commercial _____
Location:	Interior _____ Exterior _____
Surface:	Floor _____ Wall _____
Specific Room: _____	
Mortar Used: _____	Grout Used: _____
Sealer Used: _____	Joint Size: 1/16" 1/8" 3/16" 1/4" Other _____
Substrate Type: Wood _____ Concrete _____	Mortar _____ Backerboard _____
Recommended Resolution: _____	

**SECTION 3 (RESOLUTION OF COMPLAINT) TO BE COMPLETED BY LAB/SALES REP**

Accepted: _____	Not Accepted: _____
Material Only: _____	Other: _____
Material & Labor: _____	
Comments: _____	

\*\* If Sections 1 & 2 are not filled out completely, claim will be denied.\*\*