



# Complaint Report



3441 South Memorial Drive  
Racine, WI 53403  
Tel: (262) 554-1541  
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**Claim form must be filled out in its entirety to process claim -PRINT CLEARLY-**

**Claim Number:** \_\_\_\_\_ **Distributor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Supplied by Distributor)

**Consumer Information:** If retailer stock claim check here: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Retailer:** If distributor stock claim check here: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Invoice & Product Information:**  
Alloc Invoice Number: \_\_\_\_\_ Product #: \_\_\_\_\_  
Distributor Purchase Date: \_\_\_\_\_ Production #: \_\_\_\_\_  
Total Sq. Ft. Purchased: \_\_\_\_\_ Sq. Ft. Involved per room: \_\_\_\_\_  
# of Rooms Installed: \_\_\_\_\_  
Which Rooms Affected: \_\_\_\_\_

**Installation Information:**  
Installer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Subfloor: \_\_\_\_\_ Grade (on/above/below): \_\_\_\_\_ Moisture Barrier (y/n): \_\_\_\_\_  
Subfloor Flat and Level to Spec.: \_\_\_\_\_ Proper Expansion Area: \_\_\_\_\_ Acclimated: \_\_\_\_\_ # of Hours Acclimated: \_\_\_\_\_  
Professionally Installed: \_\_\_\_\_ Do-It-Yourselfer: \_\_\_\_\_ Date Installed: \_\_\_\_\_  
Laminate Floor Replaced in the Past? \_\_\_\_\_ # of Times: \_\_\_\_\_ With What Brand of Laminate? \_\_\_\_\_

- Reason For Complaint:**
- |                           |                                  |                            |
|---------------------------|----------------------------------|----------------------------|
| _____ Chipped Edges (T09) | _____ Pattern Misalignment (T14) | _____ Overwood (T03)       |
| _____ Banana (T04)        | _____ Delamination (T07, F19)    | _____ Core Defects (T05)   |
| _____ Defective T&G (T12) | _____ Underlayment Defects (A14) | _____ Gloss (T06)          |
| _____ Squareness (T08)    | _____ Surface Defects (T01)      | _____ Cupping (T02)        |
| _____ Wax Defects (A08)   | _____ Aluminum Defects (A10)     | _____ Transportation (T20) |
| _____ Squeaking (A02):    | _____ Openings (T15):            | _____ Other (A00): _____   |

Description of Claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation: \_\_\_\_\_ Signed: \_\_\_\_\_

**Claim Request:**  
\$ \_\_\_\_\_ Material  
\$ \_\_\_\_\_ Labor  
\$ \_\_\_\_\_ Other  
\$ \_\_\_\_\_ Total

**Alloc Claims use only:**  
**Disposition:**  
\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied

**Credit Amount:**  
\$ \_\_\_\_\_ Material  
\$ \_\_\_\_\_ Labor  
\$ \_\_\_\_\_ Other  
\$ \_\_\_\_\_ Total

**Signed:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**FC:** \_\_\_\_\_ **Sales Object:** \_\_\_\_\_

Copy of distributor invoice and labor bills must be attached to claim form.