

BERRY FLOOR USA Inc  
3441 South Memorial Drive  
Racine, WI 53403  
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**BERRY FLOOR**

L a m i n a t e

Complaint Report

**IMPORTANT: CLAIM FORM MUST BE FILLED OUT IN ITS ENTIRETY FOR CLAIM TO BE PROCESSED!**

**Claim Number:** \_\_\_\_\_ **Distributor :** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Assigned by Distributor

**Consumer Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Retailer Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Invoice & Product Information:**

Distributor Purchase Date: \_\_\_\_\_ Product Number: \_\_\_\_\_  
Total Sq. Ft. Purchased: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_  
Total Sq. Ft. Involved: \_\_\_\_\_ Rooms Affected: \_\_\_\_\_

**Installation Information:**

Subfloor: \_\_\_\_\_ Grade (on, above, or below) \_\_\_\_\_ Moisture Barrier (Y/N) \_\_\_\_\_  
Subfloor Flat & Level To Spec: \_\_\_\_\_ Expansion Area(Y/N) \_\_\_\_\_ # of Hours Acclimated: \_\_\_\_\_  
Professionally Installed: \_\_\_\_\_ Do-It-Yourselfer: \_\_\_\_\_ Date Product Installed: \_\_\_\_\_  
Laminate Floor Replaced in 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:** \_\_\_\_\_ Submitted by: \_\_\_\_\_

| Claim Request: | Berry Floor Claims use only: |                      |                      |
|----------------|------------------------------|----------------------|----------------------|
| Material       | Disposition: _____           | Credit Amount: _____ | <b>Signed:</b> _____ |
| Labor          | _____ Approved               | _____ Material       |                      |
| Other          | _____ Denied                 | _____ Labor          | <b>Date:</b> _____   |
| Total          |                              | _____ Other          |                      |
|                |                              | _____ Total          | FC: _____ GL: _____  |