



TRILLIUM Customer Service & Warranty Claim Report

ALL RELEVANT FIELDS MUST BE COMPLETED		INSPECTOR:	
DATE		CONTACT #	
<small>DAY MONTH</small>			
Client Name:		E-MAIL	
Address:		FILE REF #	
City, Prov. & Zip:			
Tel #:		Cell #:	
e-mail:		Work #:	
Product:	SKU# and/or Description:	Purchase Notes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Species of wood:		Date of purchase: DD / MM / YY	/ /
Contractor		Customer will fax receipt:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trillium Solid		Number of boxes purchased:	
Trillium Engineered		Was floor professionally installed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trillium Bamboo		Date of installation: DD / MM / YY	/ /
		Customer will fax install receipt:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Duration of acclimatization:	days
		Samples collected and identified	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mouldings		Is home new or being renovated:	New <input type="checkbox"/> Reno <input type="checkbox"/>
		Photos of problem	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Lot # from end of carton:	#
Distributed by:	Store # & Address:	Store contact name:	
Distributor			
Strategis			
Retailer		Tel # with extn #:	
Other:			
Store comments:		Date store called:	<small>DAY / MONTH / YEAR</small>
Home conditions:			
Type of home: Bungalow: <input type="checkbox"/> 2 Storey: <input type="checkbox"/> Summer Cottage: <input type="checkbox"/> Condo: <input type="checkbox"/> Office: <input type="checkbox"/> Other: <input type="checkbox"/>			
What areas is problem located: Basement: <input type="checkbox"/> Main floor: <input type="checkbox"/> 2nd storey: <input type="checkbox"/>			
Heating system type: Electric base-boards: <input type="checkbox"/> Central forced-air: <input type="checkbox"/>			
Comments:			
Shrinkage: If problem is board shrinkage, is active humidification system in operation: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Is humidification system built-in or a small room unit, give details:			
Does home have operating air-cond. System in summer: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
What is humidity level of install area as per client:			
Comments:			
Expansion: If problem is board expansion is active de-humidification system in operation: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Is sub-floor new or existing plywood: New: <input type="checkbox"/> Existing: <input type="checkbox"/>		If new, date installed:	
		<small>DAY / MONTH / YEAR</small>	
Is de-humidification system built-in or a small room unit, give details:			
# of de-humidifiers operating and locations:			
What is humidity level of install area as per client:		% Does home have a humidity problem: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Year of construction of home:			
Comments:			
Board surface issues: damage, scratches, dents, cracks, etc:			
Is driveway and/or walk way paved or gravel / sand: Paved: <input type="checkbox"/> Gravel / Sand: <input type="checkbox"/>			
Is damage under a table, desk or chair, specify: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Do tables, desks or chairs have new felts: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Boards are soft or dent easily: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Cupping: <input type="checkbox"/> Crowning: <input type="checkbox"/> Warpage: <input type="checkbox"/>			
Comments:			

Noise, squeaking and/or creaking:		
What type of sub-floor is under floor:		Is sub-floor level?
Installation type: Nail-down: <input type="checkbox"/> Glue-down: <input type="checkbox"/> Floating: <input type="checkbox"/>		
Comments:		
Type of under pad used: <input type="checkbox"/>		
Comments:		
Color or Finish:		
Different wood color:		
Different stain color or batch colour:		
Different gloss levels on different boards:		
Missing gloss on some or parts of boards:		
Comments:		
Noise Issue:		
Sub-floor type:		Deflection noted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Humidity level (RH%):		Humidifier/Dehumidifier is active?
All from same lot?		Transition strips between rooms?
Lot #:		Installation type: Nail down <input type="checkbox"/> Glue Down <input type="checkbox"/> Floating <input type="checkbox"/>
Milling:		
Boards do not fit together:		
Boards not same width:		
Thickness of boards is different:		
Ends not fitting squarely:		
Comments:		
Installation Problems:		
Nails will not go through boards easily:		
Boards split along tongue when nailed:		
Board or finish is split before installing:		
Rows are crocked:		
Gaps between some boards:		
Grade issue:		
Finish issue:		
Transition part issue:		
Other:		
Glue-down installation:		Client to fax copy of label and/or adhesive invoice:
Brand of adhesive used:		Model # of adhesive used:
Quantity of adhesive used:		Weather on day installed:
Comments:		
Contractor name:		Tel #:
Your comments / judgement about installer:		Cell #:
ACTIONS, COMMITMENTS, SOLUTIONS & RESOLUTIONS:		
Date:	Agreed actions to be taken by who to whom and when:	
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