



## COMPLAINT INSPECTION REPORT

Distributor \_\_\_\_\_ Tel# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Retailer \_\_\_\_\_ Tel# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Consumer \_\_\_\_\_ Tel# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PRODUCT INFORMATION

Product Name/Description \_\_\_\_\_

Style Number \_\_\_\_\_ Color \_\_\_\_\_ Run Date \_\_\_\_\_

Quality: First \_\_\_\_\_ Other \_\_\_\_\_

### Purchase Information

Date Purchased by Consumer \_\_\_\_\_ Date Installed \_\_\_\_\_ Quantity \_\_\_\_\_

Quantity Installed \_\_\_\_\_ Sq. Ft. Involved in complaint \_\_\_\_\_ No. of Planks Involved or % of Floor Affected \_\_\_\_\_

### INSTALLATION INFORMATION

Installed by: Retailer \_\_\_\_\_ Consumer \_\_\_\_\_ Consumer Contracted Installer \_\_\_\_\_ Rooms Installed \_\_\_\_\_

Install Method: Glued \_\_\_\_\_ Nailed \_\_\_\_\_ Stapled \_\_\_\_\_

Type of Glue/Stapler/Nailer \_\_\_\_\_ Type of Staple/Nail Used \_\_\_\_\_ (include brand name)

What was the air pressure of the compressor used \_\_\_\_\_

What is the nailing/stapling pattern \_\_\_\_\_

Was stapler or nailer seated correctly in nail bed \_\_\_\_\_

Type of Trowel Used \_\_\_\_\_ Type of Underlayment \_\_\_\_\_

What is the Joint Spacing \_\_\_\_\_ What is the expansion left around the perimeter of the room \_\_\_\_\_

(included photos to support findings)

**SUBFLOOR INFORMATION**

Concrete \_\_\_\_\_ Plywood \_\_\_\_\_ OSB \_\_\_\_\_ Particle Board \_\_\_\_\_ Thickness \_\_\_\_\_ Other Type \_\_\_\_\_  
Below Grade \_\_\_\_\_ On Grade \_\_\_\_\_ Above Grade \_\_\_\_\_ Moisture Content of concrete/wood \_\_\_\_\_  
Other Type of subfloors \_\_\_\_\_

**INSPECTION INFORMATION**

Moisture content of flooring \_\_\_\_\_ (Photographs of reading required) Top Reading \_\_\_\_\_ Bottom reading \_\_\_\_\_  
Type of moisture meter used \_\_\_\_\_ Humidity Levels \_\_\_\_\_ Temperature \_\_\_\_\_  
Type of heating system in home \_\_\_\_\_ Was HVAC up and running during install \_\_\_\_\_  
Was job site existing or new const. \_\_\_\_\_ How many people live in home \_\_\_\_\_ Does home have pets \_\_\_\_\_

**CLEANING INFORMATION**

Maint products used: CF \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_ Type of mop/cleaning device used \_\_\_\_\_  
How is floor being maintained \_\_\_\_\_ Describe cleaning regimen \_\_\_\_\_  
Is there a cleaning company \_\_\_\_\_ How many times a week do they clean \_\_\_\_\_

**OUTDOOR INFORMATION**

Does water drain away from home \_\_\_\_\_ Is there a sprinkler system \_\_\_\_\_ Is the home near a lake \_\_\_\_\_  
Is there a pool \_\_\_\_\_ Is there a crawl space \_\_\_\_\_ Does the crawl space have sufficient cross ventilation \_\_\_\_\_  
Is the crawl space 100% covered with polyethylene \_\_\_\_\_ Is there a basement in the home \_\_\_\_\_  
What is the temp and moisture readings of the basement \_\_\_\_\_

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**INSPECTION REPORT:**

Customer Complaint: *(what does the homeowner perceive the problem to be)*

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**RETAILER COMPLAINT:** *(Make sure all measurements are noted)*

**DISTRIBUTOR RECCOMENDATION:** *(Make sure all measurements are noted)*

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**HAVE YOU INCLUDED**

- \_\_\_\_\_ Flooring Invoice
- \_\_\_\_\_ Distributor Invoice
- \_\_\_\_\_ Labor Bill
- \_\_\_\_\_ Samples of Claim
- \_\_\_\_\_ Photographs
- \_\_\_\_\_ Release Form

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**NOTE: PHOTOGRAPHS MUST ACCOMPANY THE CLAIM TO SUPPORT THE FINDINGS; ALL MEASUREMENTS, ETC**

**QUESTIONS TO ASK YOURSELF:** *What did I notice about my surroundings? Does homeowner have a pet? Does homeowner damp mop floor? Any products around the kitchen area that may suggest improper cleaing? Did you notice furniture (proper protectors on chairs and furniture)? Was moisture reading taken with a Tramex Moisture Meter?*

**AREAS OF CONCERN:** *What is around that area; What type of furniture, eating area, etc. (high traffic); What type of casters on furniture,etc? Was floor leveled? If so, with what? Was floor patched? Were any sealers used on concrete subfloor prior to installation?*

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**FOR MANUFACTURER ONLY**

Claim: Denied \_\_\_\_\_ Approved \_\_\_\_\_

Reason for deanial: