

# Complaint form



## Contact Details

|                 | Customer | Floor installer |
|-----------------|----------|-----------------|
| Name            |          |                 |
| Address         |          |                 |
| ZIP / City      |          |                 |
| E-Mail          |          |                 |
| Phone number    |          |                 |
| Invoice Number. |          |                 |

## Product information

|                      |  |                             |  |
|----------------------|--|-----------------------------|--|
| Item                 |  | Production code (back side) |  |
| Date of installation |  | RE-number                   |  |

|  |   |   |  |
|--|---|---|--|
| Complaint quantity in m <sup>2</sup> /<br>number of pieces |   |   |  |
| When the damage occurred                                   | before<br>installation <input type="checkbox"/> | during the<br>installation <input type="checkbox"/> | after the<br>installation <input type="checkbox"/> |

## Reason for the complaint.

Please describe the defect / damage as precisely as possible

|  |
|--|
|  |
|--|

## Room conditions

### Subfloors

|  |  |                                   |                               |                                 |
|--|--|-----------------------------------|-------------------------------|---------------------------------|
| cement screed <input type="checkbox"/> | Anhydrite screeds <input type="checkbox"/> | Concrete <input type="checkbox"/> | Wood <input type="checkbox"/> | Carpet <input type="checkbox"/> |
| Tiles <input type="checkbox"/>         | mastic asphalt <input type="checkbox"/>    | Other <input type="checkbox"/>    |                               |                                 |

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## Underfloor heating

|                                      |                              |                             |                                  |                                    |                             |
|--------------------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------|-----------------------------|
| Underfloor heating                   | yes <input type="checkbox"/> | no <input type="checkbox"/> | Electro <input type="checkbox"/> | Hot water <input type="checkbox"/> |                             |
| Heating protocol                     | yes <input type="checkbox"/> | no <input type="checkbox"/> | CM measurement protocol          | yes <input type="checkbox"/>       | no <input type="checkbox"/> |
| Pre-heating <input type="checkbox"/> |                              |                             | Surface temperature of floor     |                                    |                             |

## Installation

|  |  |                                |   |                              |  |
|--|--|--------------------------------|---|------------------------------|--|
| type of installation   | floating <input type="checkbox"/>              |                                | Glue Down <input type="checkbox"/>            |                              | Other <input type="checkbox"/>                           |
| gap from the wall $\geq 10\text{mm}$                         | yes <input type="checkbox"/>                   | no <input type="checkbox"/>    | 48 hours acclimating <input type="checkbox"/> |                              | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Are there heavy furnishings on the flooring?                 |  |                                |   | yes <input type="checkbox"/> | no <input type="checkbox"/>                              |
| Kitchen counter  | Chimney <input type="checkbox"/>               | Other <input type="checkbox"/> |   |                              |  |
| Doorway  | lay the floor through <input type="checkbox"/> |                                | Transition strip <input type="checkbox"/>     |                              | Is glued <input type="checkbox"/>                        |
| Installation/maintenance instructions have been carried out? |  |                                | yes <input type="checkbox"/>                  | no <input type="checkbox"/>  |  |
| How do you clean and maintain floors?                        |  |                                |   |                              |  |

## **Supporting Documents**

Please attach the following documents, if available

|   | Available and attached   |
|---|--------------------------|
| Photo of the complaint  | <input type="checkbox"/> |
| Photo of the doorways   | <input type="checkbox"/> |
| Photo of the joint of flooring with Walls, door frames, ground-level windows and etc. | <input type="checkbox"/> |
| Batch number (label on the front of the package)                                      | <input type="checkbox"/> |
| Invoice/AB number   | <input type="checkbox"/> |
| Heating protocol  | <input type="checkbox"/> |
| CM measurement log  | <input type="checkbox"/> |