

# COMPLAINT FORM

No. \_\_\_\_\_



2655 Dawin Road  
Jacksonville, FL 32207

P-1-866-4-ACCENTS / FAX -904-281-7706

**OWNER:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/ZP: \_\_\_\_\_  
Phone: \_\_\_\_\_

**RETAILER:**  
Co.Name \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/ZP: \_\_\_\_\_  
Phone: \_\_\_\_\_

**INSTALLER:**  
Co.Name \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

**INSPECTED BY:** (Please Print) \_\_\_\_\_  
DIST. REP: \_\_\_\_\_  
DISTRIBUTOR: \_\_\_\_\_  
DATE: \_\_\_\_\_  
PRODUCT: \_\_\_\_\_  
SPECIE/COLOR: \_\_\_\_\_  
INVOICE DATE: \_\_\_\_\_  
INVOICE NO.: \_\_\_\_\_  
 RESIDENTIAL     COMMERCIAL  
 ON GRADE     ABOVE GRD     BELOW GRD

**SUBFLOOR**  
TYPE: \_\_\_\_\_ Plywood    \_\_\_\_\_ Concrete    \_\_\_\_\_ OSB    \_\_\_\_\_ Particle Board    \_\_\_\_\_ Other \_\_\_\_\_  
SUBFLOOR MOISTURE: \_\_\_\_\_ % Area 1    \_\_\_\_\_ % Area 2    \_\_\_\_\_ % Area 3    \_\_\_\_\_ % Area 4  
IS SUBFLOOR SOUND? Y or N

**ACCOUSTICAL CONTROL**  
TYPE: \_\_\_\_\_  
ADHESIVE USED: \_\_\_\_\_ TROWELL USED: \_\_\_\_\_  
IS ACCOUSTICAL CONTROL SOUNDLY ATTACHED? Y or N

**FASTENING SYSTEM**  
**Glue Down**  
ADHESIVE USED: \_\_\_\_\_ TROWELL USED: \_\_\_\_\_  
PROPER ADHESIVE TRANSFER: Y OR N  
**Nail Down**  
NAILER/STAPLER USED: \_\_\_\_\_ NAIL/STAPLE USED: \_\_\_\_\_  
NAILING SCHEDULE: \_\_\_\_\_

**WOOD FLOORING**  
WOOD SURFACE MOISTURE: \_\_\_\_\_ % Area 1    \_\_\_\_\_ % Area 2    \_\_\_\_\_ % Area 3    \_\_\_\_\_ % Area 4  
WOOD MOISTURE READINGS: \_\_\_\_\_ % Back    \_\_\_\_\_ % Tongue    \_\_\_\_\_ % Groove  
RELATIVE HUMIDITY READING: \_\_\_\_\_  
EXPANSION SPACE ALLOWED: \_\_\_\_\_  
DETAIL OWNERS MAINTENANCE PROGRAM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE PROBLEM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## INTERNAL SETTLEMENT FORM

### CWF SALESMAN RECOMMENDATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Salesman Signature / Date

### CWF BRANCH MANAGER—REQUIRED COMPLETION:

\*\*Authority to approve complaints less than \$1000.\*\*

COMPLAINT APPROVED

COMPLAINT DENIED

IF COMPLAINT IS APPROVED, WHAT BASIS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHOULD A PRODUCT CLAIM BE SUBMITTED TO MANUFACTURER?: Y OR N  
IF YES, PLEASE SPECIFY COSTS:

\_\_\_\_\_ CTNS MATERIAL  
\_\_\_\_\_ LABOR CHARGES \*\*Attach labor bill\*\*  
\_\_\_\_\_ ADHESIVE OR INCIDENTALS

\_\_\_\_\_  
Branch Manager Approval / Date

### CWF APPROVING MANAGER— COMPLETION AND SUBMITTAL TO CREDIT DEPARTMENT

Please credit Account Name \_\_\_\_\_ with Account # \_\_\_\_\_ pertaining to invoice # \_\_\_\_\_ on the invoice date of \_\_\_\_\_ for the amount of :

\$ \_\_\_\_\_

Material : \_\_\_\_\_

Labor: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Credit Manager Signature / Date

\_\_\_\_\_  
Approving Manager Signature / Date

**Make 3 copies: Ana Gonzalez (Customer Credit) ; Joe DuPree, Jr. (Supplier Credit) ; Manager File**