



3441 South Memorial Drive  
 Racine, WI 53403  
 Tel: (262) 554-1541  
 Fax: (262) 554-1591



## Complaint Report

**Claim Number:** \_\_\_\_\_ **Distributor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Supplied by Distributor)

### Consumer Information:

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

If retailer stock claim check here: \_\_\_\_\_

### Retailer:

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

If distributor stock claim check here: \_\_\_\_\_

### Invoice & Product Information:

Alloc Invoice Number: \_\_\_\_\_  
 Distributor Purchase Date: \_\_\_\_\_  
 Total Sq. Ft. Purchased: \_\_\_\_\_

Product #: \_\_\_\_\_  
 Production #: \_\_\_\_\_  
(6 digit)  
 Sq. Ft. Involved per room: \_\_\_\_\_  
 # of Rooms Installed: \_\_\_\_\_  
 Which Rooms Affected: \_\_\_\_\_

### Installation Information:

Type of Subfloor: \_\_\_\_\_ Grade (on/above/below): \_\_\_\_\_ Moisture Barrier (y/n): \_\_\_\_\_  
 Subfloor Flat and Level to Spec.: \_\_\_\_\_ Proper Expansion Area: \_\_\_\_\_ Acclimated: \_\_\_\_\_ # of Hours Acclimated: \_\_\_\_\_  
 Professionally Installed: \_\_\_\_\_ Do-It-Yourselfer: \_\_\_\_\_ Date Installed: \_\_\_\_\_  
 Laminate Floor Replaced in the Past? \_\_\_\_\_ # of Times: \_\_\_\_\_ With What Brand of Laminate? \_\_\_\_\_

### Reason For Complaint:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chipped Edges (T09) | <input type="checkbox"/> Pattern Misalignment (T14) | <input type="checkbox"/> Overwood (T03)       |
| <input type="checkbox"/> Banana (T04)        | <input type="checkbox"/> Delamination (T07, F19)    | <input type="checkbox"/> Core Defects (T05)   |
| <input type="checkbox"/> Defective T&G (T12) | <input type="checkbox"/> Underlayment Defects (A14) | <input type="checkbox"/> Gloss (T06)          |
| <input type="checkbox"/> Squareness (T08)    | <input type="checkbox"/> Surface Defects (T01)      | <input type="checkbox"/> Cupping (T02)        |
| <input type="checkbox"/> Wax Defects (A08)   | <input type="checkbox"/> Aluminum Defects (A10)     | <input type="checkbox"/> Transportation (T20) |
| <input type="checkbox"/> Squeaking (A02):    | <input type="checkbox"/> Openings (T15):            | <input type="checkbox"/> Other (A00): _____   |

Description of Claim: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommendation: \_\_\_\_\_ Signed: \_\_\_\_\_

### Claim Request:

\$ \_\_\_\_\_ Material  
 \$ \_\_\_\_\_ Labor  
 \$ \_\_\_\_\_ Other  
 \$ \_\_\_\_\_ Total

### Alloc Claims use only:

#### Disposition:

Approved  
 Denied

#### Credit Amount:

\$ \_\_\_\_\_ Material  
 \$ \_\_\_\_\_ Labor  
 \$ \_\_\_\_\_ Other  
 \$ \_\_\_\_\_ Total

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

FC: \_\_\_\_\_ Sales Object: \_\_\_\_\_

Copy of distributor invoice and labor bills must be attached to claim form.

White & Yellow Copies – Return to Alloc, Inc.

Pink Copy – Keep for your records