

COMPLAINT FORM

Return to: Karndean International, LLC 5530 S. Arville St. Suite L, Las Vegas, NV, 89118
Tel: (888) 266-4343 Fax: (702) 248-8534

For (Karndean) Office Use Only

Claim #: _____ Comments / Notes: _____
Date Processed: _____
Processed By: _____

Official Use Only

Please completely fill out everything from this point, down Today's Date: _____

Photo Taken: YES NO

Sample obtained: YES NO

(you can email these to claims@karndean.com)

MUST BE FULL SIZE SAMPLES FROM THE EXISTING FLOOR

****For this complaint to be processed, it MUST include a sample AND photo.****

****For Distributors or Retailers – WE WILL NOT ENTERTAIN ANY CLAIM until you have viewed the complaint first****

Distributor Information:

Distributor's Name: _____ Contact Name: _____
Address: _____ Telephone No: _____
Fax No.: _____

Retailer Information:

Retailer's Name: _____ Contact Name: _____
Address: _____ Telephone No: _____
City, State Zip _____ Fax No.: _____

End-User Information:

End-User's Name: _____ Telephone No: _____
Address: _____ Cell Phone No.: _____
City, State Zip: _____

Product Information:

Product Used: _____ Batch No: * _____
Quantity (Boxes): _____ Karndean Invoice No: _____

**Claims WILL NOT be processed without the batch number(s).*

Adhesive Used:

K91 _____ KNA322 _____
K91-A _____ Karndean Epoxy _____
K92 _____ Other _____
Glue Batch Num/ Date _____

Cleaners / Maintenance Products Used:

Basic Stripper _____
Dim Glow _____
Routine Cleaner _____ Other _____

Site Details

Type of Sub-Floor: _____ Approx. Age of Sub-floor: _____
Preparation Done: _____ Was Product Acclimated?: _____
Installation Date: _____ If so, for how long?: _____
Type Of Room: _____ Was the Floor Rolled?: _____
(Dining Room, Kitchen, Hallway, Entry, etc..) Moisture Test Performed?: _____
Nature of Problem: _____

If an Independent Inspector is requested, Karndean can arrange for one to inspect the problem.
However, if there are no manufacturer defects, the Distributor / Dealer will be responsible for the invoice.
If there are questions, please call our office at 888-266-4343.

Distributor / Retailer Representative's Report

Inspected By: _____ Inspection Date: _____
Signature: _____ **You may attached a copy of the Karndean
Inspection Form or your own Inspection Form**

*****Total Amount Requested: \$ _____**

**Only on the full completion of this form will the complaint be registered with Karndean International
~Please duplicate as needed~*