



3500 Quakerbridge Road  
P.O. Box 3127  
Mercerville, NJ 08619  
(609) 584-3000

**RECORD OF COMPLAINT**  
(FORM #300)

Complaint #: \_\_\_\_\_  
Consumer Claims Log #: \_\_\_\_\_  
Retailer Ship To ID #: \_\_\_\_\_  
Plant Defect Code #: \_\_\_\_\_  
Distributor Reference #: \_\_\_\_\_

J 58431

Please complete Sections 1 through 6, retain a copy and submit the original and remaining copies along with an 8"x 11" sample of the defective area, a copy of the original distributor invoice, and itemized labor bill to: Congoleum Corporation, Dept. C, 3500 Quakerbridge Road, P.O. Box 3127, Mercerville, NJ 08619. All information should be printed CLEARLY AND LEGIBLY to avoid processing delays. (All claims, including turndowns, should be submitted to Congoleum Corporation.)

**DO NOT WRITE IN SHADED AREAS.**

TYPE OF CLAIM:  Distributor Stock  Retailer Stock  Contractor  Consumer

SECTION 1: Distributor	Retailer	Consumer
Name	Name	Name
Branch	Address	Address
Dist #	City State Zip	City State Zip
Telephone ( )	Telephone ( )	Home ( )
Contact	Contact	Work ( )

**SECTION 2:**  Sheet  Tile

Product Name: \_\_\_\_\_ Pattern #: \_\_\_\_\_ / / / /  
Grade: \_\_\_\_\_ Width: \_\_\_\_\_  
Quantity: \_\_\_\_\_ s/y \_\_\_\_\_ s/f \_\_\_\_\_ cartons  
Distributor Invoice #: \_\_\_\_\_  
Congoleum Roll#/Lot#: \_\_\_\_\_ / / / / / / / / / / / / / / / /  
Date Of Complaint: \_\_\_\_\_ / / Date of Inspection: \_\_\_\_\_ / /

**SECTION 3:**

Date Installed: \_\_\_\_\_ / / Professionally Installed?  Yes  No  
Type of Room:  Kitchen  Bath  Other-Specify \_\_\_\_\_  
Adhesive Used: Congoleum #: \_\_\_\_\_ Other: \_\_\_\_\_  
Subfloor:  Wood  Concrete  3020  Vinyl  Other-Specify \_\_\_\_\_  
Grade:  On  Suspended  Below

**SECTION 4: Reason for Complaint and Inspector's Findings (Please be Specific!):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector's Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_ / /

**REQUEST FOR LABORATORY ANALYSIS**

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ / /

**SECTION 5: Recommended Action**

Turn Down: **Send Turndown Letter**  Yes  No  
 Repair: \$ \_\_\_\_\_  
 Replace (Congoleum Material & Reasonable Labor): \_\_\_\_\_ s/y or \_\_\_\_\_ cartons and \$ \_\_\_\_\_ per s/y or \$ \_\_\_\_\_ per s/f labor  
 Replace (Congoleum Material Only): \_\_\_\_\_ s/y or \_\_\_\_\_ cartons  
 Cash Adjustment (\$100.00 Maximum): \$ \_\_\_\_\_  
 Other \_\_\_\_\_

**SECTION 6: Approvals:**

Retailer Representative: \_\_\_\_\_ Date: \_\_\_\_\_ / /  
If Required:  
Distributor Representative: \_\_\_\_\_ Date: \_\_\_\_\_ / / | \_\_\_\_\_ did/ \_\_\_\_\_ did not personally inspect this complaint.  
Congoleum Representative: \_\_\_\_\_ Date: \_\_\_\_\_ / / | \_\_\_\_\_ did/ \_\_\_\_\_ did not personally inspect this complaint.

**PLEASE DO NOT WRITE BELOW THIS LINE. FOR DISTRIBUTOR AND CONGOLEUM USE ONLY.**

**SECTION 7: Calculating Credit Due**

Congoleum DNB	Cash Discount Factor	Net Price	Labor Per Yard/ Carton	Credit Per Yard/ Carton	Square Yards/ Cartons	Total Credit Due
\$ _____	X _____	= \$ _____	+ \$ _____	= \$ _____	X _____	= \$ _____

**SECTION 8: Claims Audit** Customer Verification: \_\_\_\_\_ / / Initials: \_\_\_\_\_ Warranty Verification: \_\_\_\_\_ / / Initials: \_\_\_\_\_