

## Complaint form EGGER Flooring

Select language: **EN** DE US DK ES FR IT NL PT RO SE SK FI CZ PL LV ET GR LT HU SI HR

### Complaint data

Your reference: \_\_\_\_\_ Date: \_\_\_\_\_  
 EGGER reference: \_\_\_\_\_  
 EGGER contractor:\* \_\_\_\_\_  
 Address of branch office: \_\_\_\_\_

### General address data

End consumer	Flooring installer / fabricator:
Name: _____	Name: _____
Street: _____	Street: _____
City/Postal code: _____	City/Postal code: _____
Tel. No.: _____	Tel. No.: _____
Contact person: _____	Contact person: _____
E-mail: _____	E-mail: _____

### Product data

Product name:* _____	Decor:* _____
Production code (underside of the floor board): _____	SAP article no.: _____
Date on label: _____	EAN: _____

### Object data

Building:\*  Old building  New building

Usage:\*  private  commercial

Type of rooms: \_\_\_\_\_

Complaint made against:\*  Stock items  Commissioned goods  installed goods

installed area:\*  pack.  m<sup>2</sup>  pal. goods of that following quantity is subject to  pack.  m<sup>2</sup>  pal.

uninstalled material:\*  pack.  m<sup>2</sup>  pal. complaint\*

### Reason for complaint

Description of the complaint reason (appearance):\* \_\_\_\_\_

Date of purchase:\* \_\_\_\_\_ Installation date:\* \_\_\_\_\_ When did the problem occur? \_\_\_\_\_

Proof of purchase available:\*  yes  no

Photos of the appearance with real reference size (pen, coin) and the room situation are available:\*  yes  no  sent/available at the dealer/supplier

\* Mandatory fields

### Reason for complaint\*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Peeling/<br>Flaking                 | <input type="checkbox"/> Difference in<br>gloss level | <input type="checkbox"/> Faulty milling        | <input type="checkbox"/> Deformation             |
| <input type="checkbox"/> Abrasion/<br>Wear                   | <input type="checkbox"/> Edge swelling                | <input type="checkbox"/> Joints                | <input type="checkbox"/> Squareness<br>deviation |
| <input type="checkbox"/> Chipping/<br>Spalling               | <input type="checkbox"/> Scratches                    | <input type="checkbox"/> Height offset         | <input type="checkbox"/> Odour/emission          |
| <input type="checkbox"/> Decor defects                       | <input type="checkbox"/> Open surface                 | <input type="checkbox"/> Peaking               | <input type="checkbox"/> Edging damage           |
| <input type="checkbox"/> Decor/<br>Pattern mismatch          | <input type="checkbox"/> Streaks/ Spots               | <input type="checkbox"/> Can not be installed  | <input type="checkbox"/> Creaking/Crunching      |
| <input type="checkbox"/> Delamination                        | <input type="checkbox"/> Dirty surface                | <input type="checkbox"/> Misfit locking system | <input type="checkbox"/> Change in dimensions    |
| <input type="checkbox"/> Colour deviation/<br>discolouration | <input type="checkbox"/> Banana form                  | <input type="checkbox"/> Concave distortion    | <input type="checkbox"/> Other                   |

### Specifications subfloor

**Subfloor:**

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Cement screed      | <input type="checkbox"/> Calcium sulphate screed | <input type="checkbox"/> Chipboard         | <input type="checkbox"/> Parquet |
| <input type="checkbox"/> Wooden floorboards | <input type="checkbox"/> Tiles                   | <input type="checkbox"/> Textile flooring  | <input type="checkbox"/> PVC     |
| <input type="checkbox"/> OSB                | <input type="checkbox"/> Linoleum/CV             | <input type="checkbox"/> Laminate flooring | <input type="checkbox"/> unknown |

- Residual moisture tested prior to installation:  yes  no      CM%      Measurement protocol attached:
- Subfloor evenness checked prior to installation:  yes  no      Ø in mm      Max.      mm/m
- Subfloor flatness achieved after levelling:  yes how was it done       no

### Floor construction and installation

Who did the installation?\*  Craftsman  Private person

**Room climate conditions:**

Air humidity in %:      Room temperature in °C:      Surface temperature in °C:

Period of conditioning the boards:  Hours  Days

Movement profiles/T-bars:  yes  no

Type of installation:\*  floating  full-surface bonding type:

Wall distance expansions gaps in mm:

PVAC glue (D3) sealing:  yes  no

