

# Leggett & Platt, Inc.

## Carpet Cushion Inspection Report

**DS Contact:** Claims@dsx.com

**DATE of SUBMITTAL:** \_\_\_\_\_

**CUSTOMER CLASSIFICATION (who we invoiced)**

Distributor: Dealers Supply

Installation Type (Res or Comm): \_\_\_\_\_

Address: PO Box 2628

Type of Floor: \_\_\_\_\_

City/State/Zip: Durham NC 27715

Did You Inspect Job? (Y or N): \_\_\_\_\_

Phone: 800-776-6655

If not, discuss why: \_\_\_\_\_

Contact Person: Claims Administrator

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

Contact Email: Claims@dsx.com

Who Accompanied You? \_\_\_\_\_

Account No: \_\_\_\_\_

Describe Complaint: \_\_\_\_\_

Invoice No: \_\_\_\_\_

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

If Claim is for a Distributor's Customer, complete the following:

**(3) OTHER REQUESTS FOR CREDIT**

Company Name: \_\_\_\_\_

Describe reason: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

**PRODUCT INFORMATION**

**(4) CUSTOMER EXPECTATIONS**

Product Name: \_\_\_\_\_

Total Square Yards: \_\_\_\_\_

Thickness: \_\_\_\_\_

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

Cushion Color: \_\_\_\_\_

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

Film Color: \_\_\_\_\_

Other Cost (Specify): \_\_\_\_\_

Web (Y or N): \_\_\_\_\_

Sample Enclosed (Y or N): \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_ -

Quantity Involved: \_\_\_\_\_

**(5) YOUR RECOMMENDATIONS**

**(1) QUALITY COMPLAINT**

Has customer had other complaints? (Y or N): \_\_\_\_\_

On this product? (Y or N): \_\_\_\_\_

Other products? (Y or N): \_\_\_\_\_

Describe Complaint: \_\_\_\_\_

Your Signature: \_\_\_\_\_

**(6) MANAGEMENT APPROVAL**

Approved (Y or N): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ -

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

**(2) CONSUMER COMPLAINT**

Consumer Name: \_\_\_\_\_

Management Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Quantity Installed: \_\_\_\_\_

Please download claim form and email completed form to [claims@dsx.com](mailto:claims@dsx.com).