



# Carpet Cleaners Association of New Zealand

PO Box 31-067, Lower Hutt

Ph: (04) 586-2136,

Fax: (04) 589-0252

## Complaint Details

**Date:**

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**Complainant:**

Name:

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Address:

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Phone:

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**Complaint against:**

Name:

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Address:

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Phone:

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**Details of Complaint**

Date of Service:

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Nature of Job to be done:

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Was payment made/received?

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Outline the complaint:

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Has this complaint been discussed with the service provider?

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What has been done to date to correct the problem?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other relevant details?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NOTICE OF ENGAGEMENT

I \_\_\_\_\_  
hereby engage the services of the Carpet Cleaners Association of New Zealand to carry out an independent assessment and analysis of a complaint relating to \_\_\_\_\_  
\_\_\_\_\_

The site where the inspection will occur is \_\_\_\_\_  
\_\_\_\_\_

I understand that by signing this 'notice of engagement' form I am agreeing to pay for all costs associated with an assessment of this job, made by a representative of the Carpet Cleaner's Association of New Zealand Inc.

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

Please return this completed form with the inspection fee (as per the fees schedule).

*Unpaid accounts will incur late payment fees and collection costs*

### COMPLAINTS RESOLUTION PROCESS FEE SCHEDULE

The fee schedule below provides a guide to the fees associated with the inspection, analysis and report writing associated with the resolution of a complaint. Note these fees are current for 2002 but are subject to change.

In all instances it is the person who engages the inspection report who pays the associated fees.

Additional to these charges will be any costs associated with travel and accommodation.

Complaint	fee (incl GST)	Notes
Customer against member	\$281.25	Member pays if at fault, otherwise customer pays.
Customer against non member	\$393.75	Customer pays
Member in dispute with customer	\$281.25	Member pays.
Non member in dispute with customer	\$393.75	Non member pays.

*Office use only*

Date received:

Payment included:

Complaint ID number:

Assigned to: