

Notice: If you have purchased something, installed it, have a problem with it and cannot simply bring it back for an exchange or refund – please fill out this form. **PLEASE ATTACH COPY OF RECEIPT/INVOICE/SPECIAL ORDER CONTRACT**

INSTALLED GUEST COMPLAINT FORM
(TO BE FILLED OUT BY GUEST)

Please put the complaint in writing: A complaint in written form is more clear and concise. A verbal conversation can become confusing.

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PLEASE PRINT LEGIBLY AND CLEARLY.

Date: _____

Name: _____ Phone #: (____) _____ - _____

Street Address: _____ Work Phone #: (____) _____ - _____

City: _____ State: _____ Zip: _____

MENARD Store Location at which you purchased the item(s): _____

Product: _____ MENARD SKU# _____ - _____
(7-digit number shown on receipt by product name)

Month, Day, Year Purchased: ____ / ____ / ____ Who installed it?: _____

Month & Year Installed ____ / ____ Address: _____

Phone: (____) _____ - _____

INFORMATION: (Please explain exactly what happened.)

WHAT DO YOU WANT? (Itemized dollar amounts, etc.)

REMEMBER: PLEASE ATTACH COPY OF RECEIPT/INVOICE/SPECIAL ORDER CONTRACT
AND FILL OUT COMPLETELY OR YOUR CLAIM WILL BE DELAYED

Attach additional information if necessary
PLEASE MAIL TO:
MENARDS GUEST SERVICES at Menard, Inc.
5101 MENARD DRIVE
EAU CLAIRE, WI 54703