

**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.**

**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 &amp; Year Installed / Address::

Phone: ( ) -

**INFORMATION: (Please explain exactly what happened.)**

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

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**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**