

Consumer Services
CertainTeed Corporation
803 Belden Road
Jackson, MI 49203
Toll Free #: 888.454.7218
Email: jtc.conservw@saint-gobain.com



Dear Valued Customer:

We have received notice that you are experiencing a problem with a CertainTeed product. PLEASE, read and follow this instruction sheet in its entirety so that we will be able to process your claim in a timely manner. Upon receipt of all the following information, we can continue to process your claim.

*** We also encourage you to review your product warranty for more information as to what is covered ***

- 1) **Questionnaire.** Complete the enclosed product Questionnaire and return it to us.
- 2) **Proof-of-Purchase.** This can be an original invoice, a paid receipt from your contractor identifying CertainTeed as the manufacturer of the product, a copy of your applicable warranty, a photo showing the CertainTeed name or logo somewhere on the window or a letter of confirmation from installer/contractor stating the installation of CertainTeed windows.
- 3) **Window ID Numbers (if available):** These may be located between the two panes of glass on the aluminum spacer. If no imprinting between the panes, there may be a 1” x 3” sticker in the head of the frame, or in another out-of-view location.
- 4) **Photos of the affected windows.** The following pictures are necessary and required for proper processing. The photos should show the issue(s) being experienced. **IMPORTANT:** Please make sure to take clear, non-blurry photos.
 - **Photo of the CertainTeed logo.** If present please include photos that show the CertainTeed logo on the affected window(s).
 - **Full Wall Photos.** Minimum of four (4) photos. Full wall photos should be taken from the exterior and show the entire height and width of each wall (front, back, left and right). See examples below. For best results, please try to take all full wall photos “straight on” – not at an angle, when possible.
 - **Close Up Photos.** See example below. Take as many photos as necessary to show the concern.



Thank you for your cooperation. We are looking forward to receiving this information. **Note: You should receive a written response from us within 3 weeks from the date we receive the information in our office.**

Sincerely,

The Consumer Services Department

Enclosure

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WINDOW COMPLAINT QUESTIONNAIRE

Incomplete information may delay our response

1. Name: _____ **Name:** _____
(home/property owner – first and last name) (spouse or secondary owner, if any – first and last name)

Complaint Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: Home: _____ Mobile: _____ Work: _____

Email Address: _____

2. Product Involved:

<input type="checkbox"/> Bryn Mawr	<input type="checkbox"/> Bryn Mawr II	<input type="checkbox"/> Bradford	<input type="checkbox"/> Devon	<input type="checkbox"/> Genesis	<input type="checkbox"/> Haverford
<input type="checkbox"/> Malvern	<input type="checkbox"/> NewCastle	<input type="checkbox"/> NewCastle XT	<input type="checkbox"/> New Haven	<input type="checkbox"/> Somerton	<input type="checkbox"/> NewBridge
<input type="checkbox"/> Montclair	<input type="checkbox"/> Other: _____				

<input type="checkbox"/> Single Hung	<input type="checkbox"/> Double Hung	<input type="checkbox"/> Single Glider	<input type="checkbox"/> Double Glider	<input type="checkbox"/> Bay Window	
<input type="checkbox"/> 3 Lite Glider	<input type="checkbox"/> Casement	<input type="checkbox"/> Picture Window	<input type="checkbox"/> Awning	<input type="checkbox"/> Bow Window	
<input type="checkbox"/> Geometric	<input type="checkbox"/> Patio Door	<input type="checkbox"/> Other: _____			

3. Date of product: Installation: Month _____ Day _____ Year _____

4. Did you own the property when the product was installed? Yes No *If No, date purchased* _____
Answer Yes, if you purchased or had built a new construction property. In other words, were you the first person to physically live/reside within the property?

5. Proof-of-Purchase is **REQUIRED** : Please see Cover Letter for examples.

6. Photos of affected are **REQUIRED** : Please see Cover Letter for examples

7. Number of windows affected: _____ **For glass issues, how many glass units* affected? (see below)** _____
For hardware issues, how many pieces of hardware affected? (please provide photos/samples of affected components) _____

8. What color are the windows? White Tan Brown Oak Laminated CertaWood
 Other _____

9. Indicate Any Known Label Off Window: _____

10. Nature of problem (be specific – use reverse side if necessary): _____

Signature(s): _____ Date: _____

* Glass Unit, defined as a single, double pane piece of glass surrounded by a vinyl frame. For example a common double hung window has two glass units.