

**Grampian Blinds**  
**Customer Satisfaction & Completion Form**  
Tel: 01224 662884

**Customer Details**

Customer Surname: Walker

Ticket Number: 27085

**Installation Checklist**

- Child safety devices shown and explained
- Customer shown how to operate the blinds

**Installer Details**

Work Carried Out By: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information**

Works Outstanding:  Yes  No    Fault Report Attached:  Yes  No

**Work Completion Confirmation**

I confirm that the work carried out has been completed to my satisfaction.

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

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

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

Thank you for choosing Grampian Blinds

Customer NOT HOME