

MANUFACTURER RESPONSE FORM

RE: Consumer Complaint Number:
 Homeowner(s):
 Manufacturer:
 Retailer:
 Serial Number:

DUE DATE:

The above referenced complaint indicates possible violations of the Federal Manufactured Home Construction and Safety Standards Act and/or the Tennessee Manufactured Home Installation Act. You are required to investigate any nonconformance pursuant to 24 C.F.R. 3282, Subpart I, of the Federal Manufactured Home Procedural and Enforcement Regulations.

Date Inspection Performed by Manufacturer: _____

Name and Title of Person Performing Inspection: _____

DETERMINATION AND BASIS FOR EACH ITEM

No Further Action = NFA

Non-Compliance = NC

Defect = D

Serious Defect = S

Imminent Safety Hazard = ISH

ITEM	DETERMINATION (NFA, NC, D, S, or ISH)	BASIS FOR DETERMINATION	DATE COMPLETED (Please put N/A if NFA) (Indicate using * if a date is a projected timeline for completion)
1.			
2.			
3.			
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26.			

Please attach any work orders relevant to this complaint and any other pertinent documentation.

IMPORTANT INFORMATION

- Projected dates of completion beyond thirty (30) days from the receipt of the Complaint or Dispute Resolution Inspection Report are not permitted without prior approval from the Manufactured Housing and Modular Building Units Section (the "Section"). Any requests for extension shall include the basis for the request, the proposed date of completion, and shall be submitted in writing to Renee.Reynolds@tn.gov at least five (5) business days prior to the due date of this form.
- If a projected date was included for any item in the table above, you are required to return an additional copy of this form when the repairs have been completed.
- All items must be filled in above, or this response form will be rejected.

Signature: _____

Date: _____