

MANUFACTURED HOME CONSUMER COMPLAINT FORM

COMPLAINANT INFORMATION:

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Email Address: _____

RESPONDENT INFORMATION:

License Type: _____
(Manufacturer, Retailer, or Installer)

Name: _____

Address: _____

Phone: _____

COMPLAINT DETAILS:

Is your home new or used? _____

If used, did the home have pre-existing deficiencies at the time of purchase? YES or NO

If yes, please briefly explain. _____

Serial Number: _____

HUD Label Number(s):

Single: _____

Double: _____

Triple: _____

Installation Decal Number: _____

Manufacturer Name: _____

Retailer Name: _____

Date of Installation: _____

Address of installed manufactured home: _____

Have you contacted the manufacturer, retailer, or installer to try to resolve the issue before filing the complaint? YES or NO

If yes, please identify which party or parties you have communicated with: _____

Are you age 65 or older? YES or NO

Is there anyone else with firsthand knowledge of your complaint? YES or NO

If yes, please identify such person(s): _____

Have you retained an attorney in reference to your complaint? YES or NO

If yes, please list the name, phone number, and email address of your attorney: _____

Please use the following lines to describe and itemize your complaint. You may attach additional sheets if necessary.

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Signature: _____

Date: _____

OR

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