VIRGINIA STATE BUILDING CODES OFFICE INDUSTRIALIZED BUILDING

CONSUMER COMPLAINT FORM

Print Name of person submitting complai	nt:		
Signature:	Date:		
Building Owner Information:			
Owner:			
Site Location-Street address:			
City:			
Daytime phone:	Evening or weekend phone:		
E-mail address:			
	Date purchased:		
Date delivered to site location:			
Name:Street Address:			
	State: Zip code: Evening or weekend phone:		
E-mail address:			
Manufacturer of Building:			
Name of manufacturer:			
Name of contact person at plant (if known			
Street address:			
City:			
Telephone:			
Data Plate Information:			
Serial number:			
Virginia certification seal No.:			
Date manufactured:			

Building Purchased From: Name: Name of contact person: Street address: City: ____ Zip code: ____ Telephone: E-mail address: Have you contacted the (manufacturer, retailer or installer) regarding your complaint? Yes _____ No ____ If Yes please specify below: Person/firm contacted: Date(s) Contacted: In writing or by phone:_____ [Please attach additional pages as necessary] **Description of Concerns:**

[Please attach additional pages as necessary]		

Attach copies of all written correspondence to or from the manufacturer, retailer, installer, or owner. Also, attach copies of any other documentation to support your dispute.

Please note these documents will not be returned.

Return this form and attachment documents to:

Department of Housing and Community Development
State Building Code Office
600 East Main Street
Suite 300
Richmond, VA 23219-1321
(804) 371-7150