

VIRGINIA STATE BUILDING CODES OFFICE

MANUFACTURED HOME CONSUMER COMPLAINT FORM

Name of person(s) requesting assistance: _____
Role in the complaint: (check one) Homeowner ___ Manufacturer ___ Retailer ___ Installer ___
Other parties involved, please list: (1) _____
(2) _____
(3) _____

IS THE HOME IN QUESTION A MANUFACTURED HOME? _ YES _ NO

Complainant Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip code: _____
Daytime phone: _____ Evening or weekend phone: _____
E-mail address: _____

Information on the Home

Street address of home: _____
City: _____ State: _____ Zip code: _____
Daytime phone: _____ Evening or weekend phone: _____
Single-wide: ___ Double-wide: ___ Multi-wide: ___
Serial number of home: _____ HUD label number: _____
Model number of home: _____ Date home was purchased: _____
Date home was delivered to the installation site: _____
Date home was installed: _____

Manufacturer of Home

(Corporate name if known): _____
Company name of manufacturer: _____
Name of manufacturing plant in which home was built: _____
Name of contact person at plant if known: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____

E-mail address: _____

Retailer of Home

Name of Retailer: _____

Name of contact person or salesperson at retailer: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

E-mail address: _____

Installer of Home
(If different from Retailer)

Name of company that installed the home: _____

Name of person that installed the home: _____

Name of contact person for the installation company: _____

Street address of installer's company: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

E-mail address: _____

Description of Complaint(s)

(Note: For additional complaints please attach on separate sheets)

Have you previously written to the *State Building Code Administrative Office* regarding this or other issues involving this home?

YES ___ NO ___

- Have you contacted the manufacturer, retailer or installer regarding your complaint?

YES ___ NO ___

If YES to either of the above: (Please provide following information)

Person/firm contacted: _____

Date(s) Contacted: _____, _____, _____, _____, _____

In writing or by phone? _____

Person/firm contacted: _____

Date(s) Contacted: _____, _____, _____, _____, _____

In writing or by phone? _____

Person/firm contacted: _____

Date(s) Contacted: _____, _____, _____, _____, _____

In writing or by phone? _____

Person/firm contacted: _____

Date(s) Contacted: _____, _____, _____, _____, _____

In writing or by phone? _____

Attach *copies* of all written correspondence to or from the manufacturer, retailer, installer, or homeowner. Also, attach *copies* of any other documentation to support your complaint (contracts, receipts, etc.). **These documents will not be returned.**

Print Name of person submitting complaint: _____

Signature: _____ Date: _____

Return form by mail or fax to:

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
State Building Code Office
600 East Main Street, Suite 300
Richmond, VA 23219-1321
(804) 371-7150 Office
(804) 371-7092 Fax**