VIRGINIA STATE BUILDING CODES OFFICE
INDUSTRIALIZED BUILDING

CONSUMER COMPLAINT FORM

Print Name of person submitting complaint: _____

Signature: _____ Date: _____

Building Owner Information:

Owner: _____

Site Location-Street address: _____

City: _____ State: _____ Zip code: _____

Daytime phone: _____ Evening or weekend phone: _____

E-mail address: _____

Date Certificate of Occupancy issued: _____ Date purchased: _____

Date delivered to site location: _____

Additional Information - Mailing Address if Different from Site Address:

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone: _____ Evening or weekend phone: _____

E-mail address: _____

Manufacturer of Building:

Name of manufacturer: _____

Name of contact person at plant (if known): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Data Plate Information:

Serial number: _____

Virginia certification seal No.: _____

Date manufactured: _____

Building Purchased From:

Name: _____

Name of contact person: _____

Street address: _____

City: _____ State: _____ 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:

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[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.

Email this form and attachments to:
osc@dhcd.virginia. gov

or

Send form and attachments to:

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