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: _____

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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)

_____

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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 email to: **osc@dhcd.virginia.gov**

Or by mail 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