Case # I-20___-__

Timothy M. Kaine
Governor

Patrick O. Gottschalk
Secretary of
Commerce and Trade

COMMONWEALTH of VIRGINIA

DEPARTMENT OF
HOUSING AND COMMUNITY DEVELOPMENT

William C. Shelton
Director

INDUSTRIALIZED BUILDING CONSUMER COMPLAINT FORM

Name of person(s) requesting assistance in resolving dispute: (please print)

_____

_____

Building Project 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: _____

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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]

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.**

Print Name of person submitting complaint: _____

Signature: _____ Date: _____

Return this form and attachment documents to:

Department of Housing and Community Development
State Building Code Administrative Office
600 East Main Street
Suit 300
Richmond, VA 23219-1321
(804) 371-7160

Description of concerns:

_____

_____

_____

_____

_____

_____

_____

[Please attach additional pages as necessary]

Partners for Better Communities VIRGINIA DHCD www.dhcd.virginia.gov

Main Street Centre • 600 East Main Street, Suite 300 • Richmond, Virginia 23219 • Phone (804) 371-7000 • Fax (804) 371-7090 • Virginia Relay 7-1-1