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Governor

Patrick O. Gottschalk  
Secretary of  
Commerce and Trade

# COMMONWEALTH of VIRGINIA

William C. Shelton  
Director

## DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

### CONSUMER COMPLAINT FORM

#### Initial Information

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: \_\_\_\_\_ Model number of home: \_\_\_\_\_

HUD label number: \_\_\_\_\_ 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: \_\_\_\_\_

Partners for Better Communities



[www.dhcd.virginia.gov](http://www.dhcd.virginia.gov)



Have you previously written to the State Building Code Administrative Office regarding this or other issues involving this office? \_\_\_\_\_

Have you contacted the (manufacturer, retailer or installer) regarding your complaint? \_\_\_\_

If yes: (Retailer, Manufacturer, Installer, Attorney)

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: COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
State Building Code Administrative Office  
Main Street Centre  
600 East Main Street, Suite 300  
Richmond, VA 23219-1321  
(804) 371-7160 Office  
(804) 371-7092 Fax**