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