

MANUFACTURED HOME CONSUMER COMPLAINT FORM

OFFICE USE ONLY _____
DATE RECEIVED _____
CASE # _____

CONSUMER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

WORK PHONE(_____) _____ HOME PHONE(_____) _____

MANUFACTURER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE(_____) _____ DATE MANUFACTURED _____ LENGTH _____ WIDTH _____

DATE PURCHASED _____ NEW _____ USED _____

DATE INSTALLED _____ INSTALLATION DECAL # _____

HAS THE HOME BEEN MOVED FROM ORIGINAL SET-UP LOCATION? _____

HUD LABEL # _____ SERIAL # _____ MODEL _____

DID YOU RECEIVED CONSUMER/HOMEOWNER MANUAL? YES _____ NO _____

HAVE YOU PERFORMED THE HOMEOWNER MAINTENANCE AS REQUIRED IN YOUR CONSUMER MANUAL?

RETAILER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE(_____) _____ RESALE DECAL # _____

INSTALLER'S NAME _____ INSTALLER CERT. # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSTALLER'S PHONE # (_____) _____

HAVE YOU CONTACTED THE RETAILER _____ MANUFACTURER _____ INSTALLER _____
CONCERNING THIS MATTER? DID THEY RESPOND YES _____ NO _____
WHO RESPONDED? MANUFACTURER _____ RETAILER _____ INSTALLER _____

HAVE YOU FILED A PREVIOUS CONSUMER COMPLAINT WITH ALABAMA MANUFACTURED HOUSING
COMMISSION ON THIS HOME? YES _____ NO _____ DATE _____

ALL BLANKS ABOVE MUST BE COMPLETED IN FULL AND SIGNED BY THE OWNER

PLEASE LIST COMPLAINTS ON PAGE 2 OF THIS FORM. THE FEDERAL MANUFACTURED HOME
PROCEDURAL AND ENFORCEMENT REGULATIONS DO NOT REQUIRE MANUFACTURERS TO CORRECT
COSMETIC ITEMS.

RETURN THIS FORM AND A COPY OF
YOUR SALES AGREEMENT/CONTRACT TO:

ALABAMA MANUFACTURED HOUSING COMMISSION
350 SOUTH DECATUR STREET
MONTGOMERY, AL 36104
PHONE #: (334) 242-4036

PAGE 2 OF MANUFACTURED HOME CONSUMER COMPLAINT FORM

PLEASE TYPE OR PRINT PLAINLY, USING BLOCK TYPE PRINT. DO NOT USE A PENCIL, USE BLACK INK ONLY: ON THE LINES BELOW LIST AND BRIEFLY DESCRIBE YOUR COMPLAINTS. MAKE SURE THAT YOUR COMPLAINT IS LISTED ON THE LINE WITH THE CORRESPONDING NUMBER. IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS AND CONTINUE NUMBERING WITH 16.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

The manufacturer will be asked to investigate your complaint. However, Federal Regulations may not require a manufacturer to correct items that are not imminent safety hazards or serious defects. For example, cosmetic complaint items (those items not addressed in the Federal Standards) are not required to be corrected.

DATE

SIGNATURE OF COMPLAINT (OWNER)