

# 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. Additionally, this agency does not have the authority to regulate or settle contractual disputes.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPLAINT (OWNER)