

MODULAR (MANUFACTURED BUILDING) CONSUMER COMPLAINT FORM

OFFICE USE ONLY _____
DATE RECEIVED _____
CASE # _____

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/BUILDING BEEN MOVED FROM ORIGINAL SET-UP LOCATION? _____

INSIGNIA LABEL# _____ **SERIAL#** _____ **MODEL** _____

Did you receive consumer/homeowner manual? Yes _____ No _____

Have you performed the homeowner maintenance as required in your consumer manual? _____

RETAILER NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE () _____

INSTALLER'S NAME _____ **INSTALLER CERT. #** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

Have you contacted the Retailer _____ **Manufacturer** _____ **Installer** _____
concerning this matter? Did they respond Yes _____ No _____

Who responded? **Manufacturer** _____ **Dealer** _____ **Installer** _____

Have you filed a previous consumer complaint with Alabama Manufactured Housing Commission on this Modular building?

Yes _____ No _____ Date _____

ALL BLANKS ABOVE MUST BE COMPLETED IN FULL.

Please list complaints on back of this form. 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

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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.

DATE

SIGNATURE OF COMPLAINANT (OWNER)