MANUFACTURED HOME CONSUMER COMPLAINT FORM

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 RECEIVE 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 (____) ____________________ RESELL 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
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)