

United Homeowners of Hometown Macomb, Inc.
Put the Name of the President and phone number. Also list fax if available

Statement of Complaint

Date _____

Community: _____
Association Name: _____
Community Administrator: _____
Date of Complaint: _____

Your Name (Last, First, Middle Initial)

Address, City, State, Zip

Home Phone

Work Phone

Best Time To Reach You

COMPLAINT:

This complaint relates to one of the following (check the appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Community Administrator | <input type="checkbox"/> Community Personnel |
| <input type="checkbox"/> Warranty Issue | <input type="checkbox"/> Maintenance Issue | <input type="checkbox"/> Other _____ |

Nature of complaint: (Please be as specific as possible. Include dates, addresses, names etc...)
(See reverse side if additional room is needed)

Have you previously contacted us regarding your complaint? Yes No
If you checked yes please attach copies of any supporting documents.

Have you filed a complaint with any state or local agency? Yes No

If yes, what agencies? _____

**** The Mobile Home Commission Act, Public Act 96 of 1987 has enforcement power to deal with complaints. List the problem, including proposed solution. If you are unable to resolve the problem, or no response is received in 15 days, contact a member of the Association Board for possible submission to the appropriate State Department. ****

Complainant Signature

Date

Administrator Signature

Date

Complainant is encouraged to become a member of M.O.C.O.M.