

# MANUFACTURED HOUSING STATEMENT OF COMPLAINT

Issued under authority of 1987 PA 96.

Filing of this form is voluntary, but your complaint will not be considered unless it is filed.

Read carefully and complete all areas that apply.

Type or print legibly in ink.

Attach additional sheets, if necessary.

Your Name (Last, First, M.I.)		Home Telephone Number ( )		Work Telephone Number ( )	
Your Street Address		City	State	Zip Code	County
1 Manufactured Home Community Name		Manager's Name		Telephone Number ( )	
Manufactured Home Community Street Address		City	State	Zip Code	County

This complaint relates to the following: (check all boxes that apply)

Community   
  Retailer   
  Installer / Servicer   
  Manufacturer   
  Other: \_\_\_\_\_

2 Name of business your complaint is against		Contact person's Name		Telephone Number ( )	
Business Street Address		City	State	Zip Code	

Before this complaint can be filed, you must submit your complaint **in writing** to the business(es) the complaint is against and allow 10 business days for a response.

Attach a copy of the complaint, proof that it was delivered to the business (such as a registered mail or personal delivery receipt), and any written response you received. In addition, attach copies **not originals**, of supporting documents, **including the purchase agreement** if your complaint is against a retailer or manufacturer, or the **work order** if the complaint is against an installer/servicer.

If you received only a verbal response, what were you told?

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

If "Yes", list agency(ies)

Is there court action pending?     Yes     No

If "Yes", give name and location of court

**If your complaint is against a retailer, installer/servicer or manufacturer, complete the following:**

4 Manufactured Home Serial Number		Purchase Date		Delivery Date	
Manufacturer's Name (enter information if different than that already entered in Section 2)				Manufacturer's Telephone Number ( )	
Manufacturer's Street Address		City	State	Zip Code	
Retailer's or Installer/Servicer's Name (enter information if different than that already entered in Section 2)				Retailer's or Installer/Servicer's Telephone Number ( )	
Retailer's or Installer/Servicer's Street Address		City	State	Zip Code	

I/we understand that this form is a public record under 1976 PA 442, the Freedom of Information Act, and that the agency will be sending a copy of this form to the business complained against. If this complaint is accepted and, after investigation, it is necessary to hold a formal hearing, I/we agree to voluntarily testify at that hearing regarding this complaint.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Return to:

Michigan Department of Consumer & Industry Services  
 Bureau of Construction Codes & Fire Safety  
 Office of Local Government and Consumer Services  
 P.O. Box 30222  
 Lansing, Michigan 48909-8203

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.