



Robert F. McDonnell
Governor

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Secretary of
Commerce and Trade

COMMONWEALTH of VIRGINIA

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Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

CONSUMER COMPLAINT FORM

Initial Information

Name of person(s) requesting assistance: _____

Role in the complaint: (check one) Homeowner ___ Manufacturer___ Retailer ___ Installer ___

Other parties involved, please list: (1) _____
(2) _____
(3) _____

IS THE HOME IN QUESTION A MANUFACTURED HOME _____ **YES** _____ **NO**

Complainant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone: _____ Evening or weekend phone: _____

E-mail address: _____

Information on the Home

Street address of home: _____ City: _____ State: _____

Zip code: _____

Daytime phone: _____ Evening or weekend phone: _____

Single-wide: _____ Double-wide: _____ Multi-wide: _____

Serial number of home: _____ Model number of home: _____

HUD label number: _____ Date home was purchased: _____

Date home was delivered to the installation site: _____

Date home was installed: _____

Manufacturer of Home

(Corporate name if known): _____

Company name of manufacturer: _____

Name of manufacturing plant in which home was built: _____



Have you previously written to the State Building Code Administrative Office regarding this or other issues involving this office? _____

Have you contacted the (manufacturer, retailer or installer) regarding your complaint? ____

If yes: (Retailer, Manufacturer, Installer, Attorney)

Person/firm contacted: _____

Date(s) Contacted: _____

In writing or by phone? _____

Person/firm contacted: _____

Date(s) Contacted: _____

In writing or by phone? _____

Person/firm contacted: _____

Date(s) Contacted: _____

In writing or by phone? _____

Person/firm contacted: _____

Date(s) Contacted: _____

In writing or by phone? _____

Attach copies of all written correspondence to or from the manufacturer, retailer, installer, or homeowner. Also, attach copies of any other documentation to support your complaint (contracts, receipts, etc.). These documents will not be returned.

Print Name of person submitting complaint: _____

Signature: _____ Date: _____

**Return form by mail or fax to: COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
State Building Code Administrative Office
Main Street Centre
600 East Main Street, Suite 300
Richmond, VA 23219-1321
(804) 371-7160 Office
(804) 371-7092 Fax**