

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.

1	Your Name (Last, First, M.I.)	Home Telephone Number ()		Work Telephone Number ()	
	Your Street Address	City	State	Zip Code	County
	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 / Servicr
 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)		

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