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**COMPLAINT FORM**  
For Submitting Complaints of Manufactured Homes  
(Please Complete in Black Ink)

**PART A**

**I. Person Submitting the Complaint Form:**

- Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
2. Address of the Manufactured Home: \_\_\_\_\_
3. Address of the Person Submitting the Form , if different from above: \_\_\_\_\_
4. Telephone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_
5. Email Address: \_\_\_\_\_

**PART B**

1. Manufacturer: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone No. : \_\_\_\_\_
4. Date of Manufacture: \_\_\_\_\_ Plant (Name or Number) \_\_\_\_\_
5. Home Size: Single Wide: \_\_\_\_\_ Multi-Wide: \_\_\_\_\_ Length feet: \_\_\_\_\_ Width feet: \_\_\_\_\_
6. Date Purchased: \_\_\_\_\_ Date Delivered: \_\_\_\_\_
7. HUD Label No.: \_\_\_\_\_ Manufacturer's Serial No.: \_\_\_\_\_
8. Purchased: New: \_\_\_\_\_ Used: \_\_\_\_\_ Repossession: \_\_\_\_\_
9. Moved since initial installation: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**PART C**

1. Dealer: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Tel. No.: \_\_\_\_\_ Contact/Salesman: \_\_\_\_\_

**PART D**

1. Installer: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Maryland Home Builder Registration Number: \_\_\_\_\_

PART E

1. Have you previously filed a complaint form? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify when \_\_\_\_\_ where \_\_\_\_\_  
and provide complaint/case number, if known: \_\_\_\_\_
2. Did you (i) contact dealer? Yes \_\_\_\_\_ No \_\_\_\_\_ (ii) Manufacturer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was Contract written: \_\_\_\_\_ verbal: \_\_\_\_\_  
If verbal, was it by phone \_\_\_\_\_ in person \_\_\_\_\_ or both \_\_\_\_\_?
3. Have you contacted anyone listed below?  
Consumer Affair: \_\_\_\_\_ Better Business Bureau: \_\_\_\_\_ Attorney: \_\_\_\_\_
4. Please list all others contacted by you, if applicable:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART F

List all problems below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_

(use additional sheets if needed)

Signature \_\_\_\_\_ Date \_\_\_\_\_