



HUD MANUFACTURED HOME CONSUMER COMPLAINT FORM

CONSUMER NAME: _____ HOME PHONE NUMBER: _____
MAILING ADDRESS : _____ WORK PHONE NUMBER: _____
(Street) (City) (State) (Zip Code)

PHYSICAL LOCATION: _____ E-Mail Address: _____
(if different from mailing address)

MANUFACTURED HOME IDENTIFICATION:

MANUFACTURER: _____ LOCATION: _____ DATE OF MANUF: _____

SERIAL NUMBER: _____ HUD LABEL NUMBER: _____ DATE PURCHASED: _____

DEALER: _____ PHONE NUMBER: _____

DEALER ADDRESS: _____
(Street) (City) (State) (Zip Code)

INSTALLER COMPANY: _____ PHONE NUMBER: _____

INSTALLER ADDRESS: _____
(Street) (City) (State) (Zip Code)

CONSUMER INFORMATION

NATURE OF COMPLAINT: _____

ATTACH ADDITIONAL LIST IF NECESSARY.

SIGNATURE

DATE