

MANUFACTURED HOUSING & THIRD-PARTY INSPECTIONS CONSUMER COMPLAINT
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 53819 (07/08)

Date	<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Building - <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
PART A (Consumer's Name)		
Last	First	Middle
Street Address		Mailing Address
City	State	Zip
Home Phone	Work Phone	Fax
PART B		
Manufacturer		
Manufacturer's Address		
City	State	Zip
Telephone Number		Date of Manufacture
Plant Name		Date Purchased
PART C (For Manufactured Homes) <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Other		
HUD Label Nos.	Serial Number	Model
PART D (For Modular Buildings)		
IBC Label Number(s)	Serial Number(s)	Model
PART E		
1. Have you previously filed a complaint form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify when, where and provide complaint/case if know.		
2. Did you contact the dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact was written <input type="checkbox"/> Verbal (phone) <input type="checkbox"/> Or in person <input type="checkbox"/> Both <input type="checkbox"/>		

PART F - List Problems (Attach Additional Page if Necessary)

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Additional Comments

Signature

Date

**Send To: Cal Steiner
 Department of Commerce
 Division of Community Services
 1600 East Century Avenue, Suite 2
 PO Box 2057
 Bismarck, ND 58502-2057**