OFFICE OF THE STATE FIRE MARSHAL
FACTORY-BUILT HOME DIVISION
CONSUMER COMPLAINT FORM

ALL BLANKS MUST BE COMPLETED IN ORDER FOR YOUR COMPLAINT TO BE PROCESSED

(1) Homeowner:_____ File #: _____
Address: _____
City:_____ State: _____ Zip:_____
Home Phone:(___) _____ Work Phone:(___) _____

(2) Manufacturer:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:(___) _____

(3) Dealer:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:(___) _____

(4) Installer/Transporter:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:(___) _____

(5) Manufactured Home Serial No.:_____ HUD Label No.:_____
Date Purchased:_____ New:_____ Used:_____
Purchased from: Dealer:_____ Individual:_____
Date your home was originally set up in its current location: _____
Are you the original owner of this home? Yes _____ No_____
Are you currently living in your home? Yes _____ No _____

Directions to
Home:_____
_____
_____

DESCRIPTION OF COMPLAINTS	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Signature of Owner:_____ Date:_____

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED AND
A COPY OF YOUR SALES CONTRACT
RETURN THE COMPLETED FORM TO:

State Fire Marshal's Office
239 N. Lamar Street, Suite 101
Jackson, MS 39201
email: manhousing@mid.ms.gov
fax: 601-359-1076

FOR OFFICIAL USE ONLY BY MANUFACTURER

The information provided indicates possible violations of the Federal Manufactured Housing Construction and Safety Standards Act of 1974, Amended. **As the manufacturer of factory-built (mobile) homes, your company is required to (a) investigate all the complaints listed on page one,** pursuant to 24 CFR 3282, Subpart I, of the Federal Manufactured Home Procedural and Enforcement Regulations, (b) **to complete this page and (c) return to the State Fire Marshal's Office**.

Date Complaint Received:_____ Date of Your Company Inspection:_____
Name and Title of Inspector:
_____
Consumer Complaint File Number: _____ Complainant's Name: _____
Method used to determine if there was a class of homes affected: _____
_____

Please identify on the lines below which of the determinations listed below applies to each complaint listed by the homeowner for the above home (you may use more than one item, if applicable):

Imminent Life Safety Hazard **Non Compliance**
Serious Defect(s) **No Further Action Required**
Defect(s)

DETERMINATION AND CAUSE FOR EACH HOMEOWNER'S COMPLAINTS

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____

IDENTIFY ALL REMEDIAL ACTION(S) UNDERTAKEN TO CORRECT COMPLAINTS

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____

_____ _____
Signature of Official Date

THIS FORM MUST BE COMPLETED AND RETURNED.
ATTACH ADDITIONAL PAGES IF NECESSARY
AND COPIES OF SIGNED WORK ORDERS

PRINT CLEAR