



# **Ohio Manufactured Homes Commission**

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

## **Complaint Against an Inspector or Inspection Agency**

### **1) YOUR INFORMATION**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home or Business Address

\_\_\_\_\_  
City, State, Zip, County

\_\_\_\_\_  
Mailing Address (if applicable)

\_\_\_\_\_  
City, State, Zip, County

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone:(\_\_\_\_\_) \_\_\_\_\_

### **2) INSPECTION AGENCY INFORMATION**

\_\_\_\_\_  
Telephone:(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Inspector Name

\_\_\_\_\_  
Inspection Agency or Department Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip, County

If you have spoken about this problem with other members of the city, please list their names, titles and phone numbers if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **3) RETAIL DEALERSHIP INFORMATION**

Information pertaining to the retail dealer and manufacturer is on the sales contract, or on the data plate. Even if the retail dealer or manufacturer is currently out of business, that information is still needed to process the complaint.

Home Is (check one): New \_\_\_\_\_ Used \_\_\_\_\_ Repossessed \_\_\_\_\_

\_\_\_\_\_  
Telephone (if known): (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Retailer Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip, County

Phone: (614) 734-6010 • Fax: (614) 734-6012 • Website: <http://www.omhc.ohio.gov>

**4) MANUFACTURER INFORMATION**

\_\_\_\_\_  
 Telephone (if known): (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 Manufacturer's Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip, County

**5) SET-UP PERSON, INSTALLER**

(OFFICE USE ONLY >>> LICENSE# \_\_\_\_\_)

\_\_\_\_\_  
 Telephone (if known): \_\_\_\_\_

\_\_\_\_\_  
 Installer's Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip, County

**6) MANUFACTURED HOME INFORMATION AND IDENTIFICATION FROM DATA PLATE**

\_\_\_\_\_  
Address of the Home

\_\_\_\_\_  
Permit Number(s)

\_\_\_\_\_  
Date Home Manufactured:

\_\_\_\_\_  
Home Owner Name

\_\_\_\_\_  
Serial Number: \_\_\_\_\_ HUD Label Number: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Check One: Double Wide \_\_\_\_\_ Single wide \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

1. Was home moved from its original set-up/installation site? If yes, when? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, (date) \_\_\_\_\_

2. Have you previously filed a complaint with this office? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what was the complaint number assigned (if known): \_\_\_\_\_

3. Have you contacted an inspector, his supervisor or anyone else in the inspection agency concerning your complaint? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, was this notification written \_\_\_\_\_ or verbal \_\_\_\_\_?

4. Have you retained legal representation concerning this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, and you want copies of correspondence to be provided to that individual or firm, please provide the name, address and phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complaint Description**

Describe the concerns you have with this inspector or inspection department. Include the sequence of events, copies of any documents, permits, red tags, inspection notices, etc.

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
  7. \_\_\_\_\_
  8. \_\_\_\_\_
  9. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The information given above is true to the best of my knowledge and belief. I understand a copy of this form and all documents relating to my complaint may be forwarded to the inspection agency about which I have filed this complaint.

\_\_\_\_\_  
Complainant Signature (sign and date the form or it will be returned)

\_\_\_\_\_  
Date

**NOTE: The home owner's signature will be required if the home is to be inspected or if mediation takes place in the home.**

\_\_\_\_\_  
Home Owner Signature

\_\_\_\_\_  
Date

