



Ohio Manufactured Homes Commission

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

PARK COMPLAINT FORM

In order to investigate a complaint, our Commission needs the following information. Fill out this form (to the best of your knowledge), sign, date, and mail or fax it back to the Commission. Your complaint will be investigated promptly after receiving this form.

NAME OF PARK: _____

ADDRESS OF PROPERTY: _____

LOT # _____ **COUNTY:** _____

Do you rent or own your manufactured **home**? (Not including lot) RENT OWN

Park Operator/Manager's Name: _____

Park Operator/Manager's Phone Number: _____

NATURE OF THE COMPLAINT:

COMPLAINANT'S NAME (Please print): _____

ADDRESS, PHONE NUMBER & E-MAIL:

SIGNATURE: _____ **DATE:** _____

By my signature, I affirm that the information I have provided is true, correct and complete.

Check the box below if you prefer to remain anonymous:

(We will not share your name during the investigation process)