



Ohio Manufactured Homes Commission

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

Complaint Against a Dealer, Salesperson or Broker

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 DEALER/BROKER INFORMATION

Inspector Name Telephone:(_____) _____

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 _____

Retailer Name Telephone (if known): (_____) _____

Business Address

City, State, Zip, County

City, State, Zip, County

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

