

**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  
660 North Street, Suite 100B  
Jackson, MS 39202**

**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  
Serious Defect(s)  
Defect(s)**

**Non Compliance  
No Further Action Required**

**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**