



Department of Housing, Buildings & Construction
Division of Building Code Enforcement
Manufactured Housing Section
500 Mero Street, First Floor
Frankfort, Kentucky 40601-1987
Phone 502-573-1795 Fax 502-573-1059

Consumer Complaint Form

Please fill out **ALL** pages of this form and return it to the above address. This information is required by the Department, Retailer, Certified Installer and Manufacturer to adequately determine if your claim or request falls within the Departments jurisdiction.

1. Consumer Information:

Name of Homeowner(s): _____

Home Mailing Address: _____
Street City State Zip

County: _____ Home Phone Number: _____ Cellphone Number: _____

Work Number: _____ Email Address: _____

2. Manufactured Home Retailers Information:

Name of Manufactured Home Retailer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Sales Person or Name of Contact Person: _____

3. Manufacturer Information:

Name of Manufactured Home Manufacturer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

4. Certified Installer Information:

Name of Certified Installer: _____ Certification #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

5. Manufactured Home Information:

Manufactured Date: _____ Date Purchased: _____ Date Delivered: _____

HUD Label #: _____ Serial #: _____

Certified Installer Seal #: _____ "B" Seal #: _____

Home Size: Single Wide Multiple Sections Home Length: _____ & Home Width: _____

Have you moved the home from its original installation site? Yes NO

Signature of Homeowner(s): _____ Date: _____

