

**MANUFACTURED HOUSING CONSUMER COMPLAINT**  
**NORTH DAKOTA DIVISION OF COMMUNITY SERVICES**  
 SFN 53819 (5/16)

Date
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<b>PART A (Consumer)</b>			
First Name		Last Name	
Street Address		Mailing Address (if different)	
City	State	ZIP Code	Email
Home Telephone		Work Telephone	Fax

<b>PART B (Manufacturer)</b>		
First Name		Last Name
Address		City
State	ZIP Code	Email
Telephone Number		Date of Manufacture
Plant Name		Date Purchased

<b>PART C (Dealer)</b>		
First Name		Last Name
Street Address		City
State	ZIP Code	Email
Home Telephone		Work Telephone
		Fax

<b>PART D</b>		
<input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Other		
HUD Label Nos.	Serial Number	Model

<b>PART E</b>
1. Have you previously filed a complaint form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify when, where and provide complaint/case if know.

2. Did you contact the dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact was written <input type="checkbox"/> Verbal (phone) <input type="checkbox"/> Or in person <input type="checkbox"/> Both
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**PART E - List Problems (Attach Additional Page if Necessary)**

Additional Comments

Signature

Date

**Send To: Department of Commerce  
Division of Community Services  
1600 East Century Avenue, Suite 2  
PO Box 2057  
Bismarck, ND 58502-2057**