

Instruction for Manufactured Housing Statement of Complaint

The [Mobile Home Commission Act](#), 1987 PA 96 (the Act) gives the Bureau of Construction Codes (BCC) authority to investigate complaints against manufactured home communities, installer and servicers, retailers, and manufacturers. BCC has authority over Michigan, titled manufactured homes, including those constructed to the federal (HUD) manufactured home construction and safety standards.

However, certain issues may not be within BCC's authority to address. For further assistance in determining the appropriate agency to contact, refer to the attached list.

R 125.1192a (1) of the [Manufactured Housing General Rules](#) (the Rules) provides that, "The complainant shall send an alleged complaint to the respondent in writing of the alleged violation, giving the respondent 10 business days to respond." Therefore, before filing a complaint with BCC, you must send written correspondence, describing your complaint in detail, and the entity has 10 business days from the day it receives your correspondence to respond to your complaint. **REMINDER: Make a photo copy of your correspondence before sending.**

Your correspondence may be sent by certified mail, electronic mail, facsimile, or hand delivered; however, you must have documented proof of delivery clearly stating when the correspondence was delivered. The delivery date is the date from which the 10 business days are counted.

If, after 10 business days, you do not receive a satisfactory response, a complaint may then be filed with BCC. To file a complaint, you must submit the following:

- A completed "Manufactured Housing Statement of Complaint" form.
- A copy of the correspondence you sent or hand delivered to the entity. **BCC will only pursue the issues contained in the correspondence.**
- A copy (not original) of the receipt which shows the entity received your correspondence or the entity refused to accept delivery of the correspondence.
- A copy (not original) of any written response received from the entity. If you received a verbal response only, indicate what you were told in Section 3 of the complaint form.
- A copy (not original) of any documents which support your complaint. For complaints against a retailer or manufacturer, include your purchase agreement. For complaints against an installer and servicer, include your work order.

The Act and the Rules, do not provide BCC with authority to investigate complaints regarding rent or evictions. The state law regarding evictions is the [Revised Judicature Act, 1961 PA 236](#).

NOTE: Under that law, you cannot be evicted from a manufactured home community for filing a complaint. To assist you in the understanding of the rights and responsibilities of the community and resident in an eviction proceeding, you may refer to [The Manufactured Home Buyer's & Resident's Handbook](#).

If you have any questions regarding filing a complaint, contact the Bureau of Construction Codes, Building Division at 517-241-9317. To obtain a copy of the [Mobile Home Commission Act](#), [Manufactured Housing General Rules](#), or [The Manufactured Home Buyer's & Resident's Handbook](#) visit our website at www.michigan.gov/bcc.

PROBLEMS RELATING TO

CONTACT

<ul style="list-style-type: none"> • Entrance/Exit fees • Charging separately for utilities without metering • Renting without offering a written lease • Requiring purchase of a manufactured home or other goods and services from another person as a condition of renting space in a manufactured home community • Misapplication of deposit monies • Misrepresentation or fraud • General operation, maintenance and safety • Warranty work • Manufactured home installation • Purchase agreement discrepancies • Deposit/down payment problems • Licensing of installer/servicers, retailers, or manufactured home communities • Sales of manufactured homes in manufactured home communities • Drainage • Garbage and Rubbish • Insect and rodent control • Plugged sewer lines WITHOUT a discharge or spill to ground surface 	<p>Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes Building Division P. O. Box 30254 Lansing, MI 48909 517-241-9317</p>
<p>Sewage on the ground or other issues of <u>immediate</u> public health concern or threat</p>	<p>Your local county health department or agency</p>
<p>Drinking water systems</p>	<p>Michigan Department of Environmental Quality Resource Management Division P. O. Box 30241 Lansing, MI 48909 517-335-2690</p>
<p>Lagoons or wastewater treatment facilities</p>	<p>Michigan Department of Environmental Quality Water Resources Division PO Box 30458 Lansing, MI 48909 Direct calls to DEQ's Environmental Assistance Center 1-800-662-9278</p>
<ul style="list-style-type: none"> • Retailer Application for Certificate of Manufactured Home Ownership (Title Application)* • Issuance of Certificate of Manufactured Home Ownership • Transfer of Certificate of Manufactured Home Ownership <p>*A "Retailer Application for Certificate of Manufactured Home Ownership" (BCC-944) can be obtained from the retailer, or from the Secretary of State's website or at a branch office. All questions regarding an Application for Certificate of Manufactured Home Ownership should be directed to the local branch office.</p>	<p>Michigan Department of State Secretary of State Local Branch</p>

Manufactured Housing Statement of Complaint
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Building Division
P.O. Box 30254, Lansing, MI 48909
517-241-9317

Authority: 1987 PA 96 Completion: Voluntary Penalty: Complaint will not be considered	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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- Read carefully and complete all areas that apply. Type or print legibly in ink.
- Mail form to the address above.

1	YOUR NAME (Last, First, Middle Initial)		HOME TELEPHONE NUMBER (Include Area Code)		WORK TELEPHONE NUMBER (Include Area Code)	
	YOUR STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
	MANUFACTURED HOME COMMUNITY NAME		MANAGER'S NAME		TELEPHONE NUMBER (Include Area Code)	
	MANUFACTURED HOME COMMUNITY STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY

THIS COMPLAINT RELATES TO THE FOLLOWING (Check all that apply)

Community
 Retailer
 Installer/Serviceur
 Manufacturer
 Other: _____

2	NAME OF BUSINESS YOUR COMPLAINT IS AGAINST		CONTACT PERSON'S NAME		TELEPHONE NUMBER (Include Area Code)	
	BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE	

Before this complaint can be filed, you must submit your complaint **in writing** to the business(es) the complaint is against and allow 10 business days for a response.

If no response was received or it is unsatisfactory, attach a copy of the complaint, proof that it was delivered to the business (i.e., a registered mail or personal delivery receipt) and any written response you received. In addition, attach copies **not originals**, of supporting documents, **including the purchase agreement** if your complaint is against a retailer or manufacturer, or the **work order** if the complaint is against an installer/serviceur.

If you only received a verbal response, what were you told? (Attach additional sheets, if necessary)

Have you filed a complaint with any other state or local agency? Yes No
If "Yes", list agency(ies). (Attach additional sheets, if necessary)

Is there court action pending? Yes No
If "Yes", give name and location of court. (Attach additional sheets, if necessary)

If your complaint is against a retailer, installer/serviceur or manufacturer, complete the following:

4	MANUFACTURED HOME SERIAL NUMBER		PURCHASE DATE		DELIVERY DATE	
	MANUFACTURER'S NAME (Enter information if different than that already entered in Section 2)				MANUFACTURER'S TELEPHONE NUMBER (Include Area Code)	
	MANUFACTURER'S STREET ADDRESS		CITY	STATE	ZIP CODE	
	RETAILER'S OR INSTALLER/SERVICER'S NAME (Enter information if different than that already entered in Section 2)				RETAILER'S OR INSTALLER/SERVICER'S TELEPHONE NUMBER (Include Area Code)	
	RETAILER'S OR INSTALLER/SERVICER'S STREET ADDRESS		CITY	STATE	ZIP CODE	

I/we understand this form is a public record under 1976 PA 442, the Freedom of Information Act, and that the agency will be sending a copy of this form to the business complained against. If this complaint is accepted and, after investigation, it is necessary to hold a formal hearing, I/we agree to voluntarily testify at the hearing regarding this complaint.

SIGNATURE(S)	DATE
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