

Mobile Home Statement of Complaint
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254, Lansing, MI 48909
E-Mail: lara-bcc-complaints@michigan.gov
Phone 517-241-9309 / Fax 517-373-8547

Authority: 1987 PA 96	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Failure to provide the information may result in denial of your request.	

Complainant Information				
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
EMAIL ADDRESS		PREFERRED METHOD OF CONTACT <input type="checkbox"/> EMAIL <input type="checkbox"/> REGULAR MAIL		OTHER TELEPHONE NUMBER (Include Area Code)

Respondent Information				
THIS COMPLAINT RELATES TO THE FOLLOWING (Check one)				
<input type="checkbox"/> Park <input type="checkbox"/> Dealer <input type="checkbox"/> Installer/Repairer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other: _____				
NAME OF BUSINESS YOUR COMPLAINT IS AGAINST		CONTACT PERSON'S NAME		TELEPHONE NUMBER (Include Area Code)
BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE

Complaint Information	
Provide a detailed description of your complaint, include pictures and/or documents as necessary. Note: Originals will not be returned. (Attach additional sheets, if necessary.)	

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

Is there court action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give name and location of court. (Attach additional sheets, if necessary)

If your complaint is regarding service work, the manufacture, installation, purchase, titling, etc. of your home, complete the following:		
MOBILE HOME SERIAL NUMBER	PURCHASE DATE	DELIVERY DATE/DATE OF SERVICE WORK
MOBILE HOME'S MAKE	MOBILE HOME'S MODEL	YEAR OF MANUFACTURE
MANUFACTURER'S NAME (Complete if different then respondent information)		THE MOBILE HOME IS: (Check one) <input type="checkbox"/> New <input type="checkbox"/> Previously Owned

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	DATE