## ILLINOIS DEPARTMENT OF PUBLIC HEALTH MANUFACTURED HOUSING CONSUMER COMPLAINT FORM

(Department Use Only) Complaint #: MHD

The Illinois Department of Public Health is a State Administrative Agency (SAA) of the U.S. Department of Housing and Urban Development (HUD) and may be able to assist with correction of defects related to the manufacturing or installation of new manufactured homes. Completion of the information requested below will initiate the process.

Section A Homeowner Information						
HOMEOWNER'S NAME						
Address						
City/State/ZIP						
Telephone Numbers	Work (	)	Hon	ne (		) Fax ( )
Section B  Manufacturer, Dealer, Installer Information						
MANUFACTURER						
Address						
City/State/ZIP						
Telephone Numbers	Work (	)	Fax	(	)	
DEALER						
Address						
City/State/ZIP						
Telephone Numbers	Work (	)	Fax	(	)	
INSTALLER						
Address						
City/State/ZIP						
Telephone Numbers	Work (	)	Fax	(	)	
Section C Identification of Home						
Year Model	New or Use	ed			Pur	rchase Date
Date Installed	HUD Label # (Located on exterior of home, back end of home)					nois Installation Seal #
County of Residence	Serial # of Home				Len	ngth Width

## **Section E** Description of Problems and Action Taken Provide a detailed description of all items of concern that remain uncorrected. Indicate who was contacted, the action taken and the date of the action. Include copies of all correspondence from the manufacturer, dealer or installer.

After completion please mail to the Illinois Department of Public Health Division of Environmental Health 525 W. Jefferson St. Springfield, IL 62761 Phone 217-782-5830 Fax 217-785-0253