

**WEST VIRGINIA DIVISION OF LABOR**

**Manufactured Housing Section**

Room B-749 Building 6, Capitol Complex, Charleston, WV 25305

Telephone (304) 558-7890

Fax: (304) 558-2447

**CONSUMER COMPLAINT**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Manufactured Home Information:**

New:  Used:

Serial #: \_\_\_\_\_ Model: \_\_\_\_\_

Size of Home: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Manufacturer of Home: \_\_\_\_\_ Make: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expiration Date of Manufacturer Warranty: \_\_\_\_\_

Dealer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Installed by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Is the home installed on private property or in a mobile home park? \_\_\_\_\_

Has the home been moved from the original installation site? Yes \_\_\_\_\_ No \_\_\_\_\_

List additions/alterations made to the home and the name of the contractor/person doing the work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

