

John R. Kasich, Governor Jacqueline T. Williams, Director

Ohio Construction Industry Licensing Board Manufactured Home Complaint Form

Type of Complaint

Park Operator Unlicensed Installer Licensed Installer Other

Section 1: Property Information (Please Print)

| Name of Community: | | Park License Number: | |
|--------------------|--------|----------------------|------------------------|
| Property Address: | | | Business Phone Number: |
| City: | State: | ZIP Code: | County: |
| Email: | | | Lot Number: |

Manufactured Home Identification Information

| Serial Number: | HUD Label Number: | Length: |
|----------------------------|-----------------------------|-------------|
| Width: | Double Wide or Single Wide? | SealNumber: |
| Approximate Delivery Date: | | |

Was this home moved from its original set-up/installation site?
Yes No

If yes, please list previous location:

| Address: | | | |
|----------|--------|-----------|---------|
| City: | State: | ZIP Code: | County: |



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Section 2: Owner Information (Please Print)

| Park Operator/Manager Name: | Phone: |
|-----------------------------|--------|
| | |

Section 3: Installer Information (Please Print)

| Name: | | Phone N | Number: |
|------------------------|--------|---------|-----------|
| Business/Company Name: | | Email: | |
| Address: | | County: | |
| City: | State: | | ZIP Code: |

Section 4: Retail Dealership Information (Please Print)

| Name: | | Phone N | Number: |
|----------|--------|---------|-----------|
| Address: | | County: | |
| City: | State: | | ZIP Code: |

Section 5: Manufacturer Information (Please Print)

| Name: | | Phone N | Number: |
|----------|--------|---------|-----------|
| Address: | | County: | |
| City: | State: | | ZIP Code: |



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Section 6: Inspection Agency Information (Please Print)

| Inspector Name: | Phone: | |
|------------------------------------|----------------|-----------|
| Inspection Agency/Health District: | Permit Number: | |
| Address: | County: | |
| City: | State: | ZIP Code: |

Have you spoken to any member of the local authority about the situation? If so, please list names, titles and phone numbers:

Section 7: Complainant Information (Please Print)

| Name/Business Name | : | | Title/License/Certification Number: |
|--------------------|--------|-----------|-------------------------------------|
| Address: | | | Phone Number: |
| City: | State: | ZIP Code: | County: |
| Phone: | | Email: | |

Do you rent or own your manufactured home? (Not including lot)
Rent Own



Division of Industrial Compliance John R. Kasich, Governor Jacqueline T. Williams, Director

Section 8: Complaint Description (Please Print)

Section 9: Acknowledgement and Signature

I hereby certify that that the information given above is true to the best of my knowledge and belief.

| Complainant Signature: | Date: |
|------------------------|-------|
| | |
| | |
| | |

Public Information Disclosure: Pursuant to Chapter 149 of the Ohio Revised Code, please be advised that information submitted in this form may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated.

Manufactured Homes Program Ohio Construction Industry Licensing Board 6606 Tussing Road Reynoldsburg, OH 43068-9009 Rev. 1-2018

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