



JANET T. MILLS
GOVERNOR

STATE OF MAINE
MAINE OFFICE OF COMMUNITY AFFAIRS
127 STATE HOUSE STATION
32 BLOSSOM LANE, 3RD FLOOR SOUTH
AUGUSTA, MAINE
04333-0127



SAMANTHA D. HORN
DIRECTOR

STATE CERTIFIED MODULAR HOME

Enclosed is a complaint form. Prior to filing your complaint, it is recommended that you contact the dealer and/or manufacturer, in writing, on problems that exist with your new home.

According to the Maine Manufactured Housing Warranties Act, 10 M.R.S.A. § 1404, “...*the manufacturer or dealer or both shall take appropriate corrective action at the site of the home in instances of substantial defects in materials or workmanship, which become evident within one year from the date of the delivery of the home to the consumer, provided the consumer or his transferee gives written notice of such defects to the manufacturer or dealer at their business address not later than one year and 10 days after date of delivery...*”

If you have contacted the dealer and/or manufacturer and service work has not been scheduled or the problems continue to exist, send to Complaints Division, at the address above, as soon as possible. You may wish to make a copy for your personal records. Also, please send us a copy of your agreement and copies of all papers pertinent to your complaint.

NOTE: If you fail to provide the requested information, our investigation of your problems may be delayed.

Please be advised that the Manufactured Housing Program does not have jurisdiction on cosmetic, contractual or issues that are beyond the warranty period.



JANET T. MILLS
GOVERNOR

STATE OF MAINE
MAINE OFFICE OF COMMUNITY AFFAIRS
127 STATE HOUSE STATION
32 BLOSSOM LANE, 3RD FLOOR SOUTH
AUGUSTA, MAINE
04333-0127



SAMANTHA D. HORN
DIRECTOR

MANUFACTURED HOUSING MODULAR COMPLAINT FORM

Name _____

Address _____
(Street)

(City or Town) (State/Zip Code) (County)

E-Mail Address _____

Home Telephone () _____ Day Time Telephone () _____ Cell Telephone () _____

State Certification Label Number _____

Maine Warranty Label Number _____

Installation Warranty Label Number _____

***All Labels are normally located under the kitchen sink cabinet**

Manufacturer _____

Plant Location _____

Date of Manufacture _____ Model # _____ Serial # _____

Purchased From _____

(Street) (City or Town) (State/Zip Code)

Purchase Date _____

Installer (if other than the dealer) _____

Has manufacturer and/or dealer been contacted? _____ List dates _____

Have you previously filed a complaint with this Board? ____ If so, list dates _____



JANET T. MILLS
GOVERNOR

STATE OF MAINE
MAINE OFFICE OF COMMUNITY AFFAIRS
127 STATE HOUSE STATION
32 BLOSSOM LANE, 3RD FLOOR SOUTH
AUGUSTA, MAINE
04333-0127



SAMANTHA D. HORN
DIRECTOR

Please list the specific complaint items below:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

(Complainant's Signature)

(Date)