

South Carolina Department of Labor, Licensing and Regulation Division of Legal Services and Enforcement

Office of Investigations and Enforcement

110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329 Phone: 803-896-4470 • Fax: 803-896-4656

MANUFACTURED HOUSING COMPLAINT FORM

COMPLAINANT INFORMATION (Individual filing complaint)

Name:						
Address:						
	Street/PO Bo	X	City		State	Zip Code
Contact Pho	one:		Emai	1:		
Alt. Phone:			Fax: _			
What is the	best way to r	reach you? (Pho	one, email, etc.)			
Information the retail dea complaint. A	pertaining to t aler or manufac attach a copy o	cturer is current f the sales contr	and manufacturer is only out of business, the act (SC Form 500).	at information is	still needed	
Home is:	New	Used	Repossessed	Licen	se #:	If known
Business Na	ame:				Phone:	
Business A	ddress:	//PO D	City		<u></u>	7. 0.1
		FORMATIO			State	Zip Code
					Phone:	
Business A	ddress					
Dusiness A	Str	eet/PO Box	City		State	Zip Code
Date plates documentation	are located on. WE CANN	in every manu NOT PROCESS	COMPLAINT WIT	ttach contract, 1 HOUT DATE O	receipts, or F DELIVER	any other necessary XY.
Date Home I	Manufactured:		Serial	Number:		
HUD Label]	Number:		Lengt	h:	W	/idth:
Check One:	Doubl	e Wide	Single Wide:	Other (specify)):	
Date of Pur	chase:		Date	of Delivery:		
Manufactured	l Housing Comp	laint Form (rev. 1	10/31/2023 V1.1)			Page 1 of 3

Facts Regarding This Complaint:

1.	Home been moved from its original set-up/ installation site		YES	NO
	a. If yes, when?:			
2.	Have you previously filed a complaint with this office?	YES	NO	
	a. If yes, what was the complaint number assigned (if know	n):		
3.	Have you contacted the dealer or manufacturer concerning yo	YES	NO	
	a. If yes, was this notification: Written Verb	al		
4.	Have you hired an attorney to assist you in this matter?	YES	NO	
	Attorney name:	Phone:		
	Firm name:			
	Mailing Address:			
S E	ET-UP PERSON/ INSTALLER	Liconso #		
5 r	EI-UP PERSON/ INSTALLER	License #:	f known	
	his is whom the dealership contracted to set up your home. It may be			
	formation or you can find it on the Certification of Installation form,	if you received one fror	n the installe	r.
W.	TTHOUT IT, WE CANNOT PROCESS YOUR COMPLAINT.			
Na	ame:	Phone:		
Ac	ddress:			
	ddress: Street/PO Box City	State	Z	ip Code
C	OMPLAINT LIST			. /

List complaints below. Advise of the location of specific problems. For contractual, warranty, down payment/ deposit issues, describe events in the order in which they occurred. Attach the receipt for the deposit or contract. Attach an additional sheet if necessary.

1	
2	
3	
4	
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9	
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11	
12	

The Board accepts anonymous complaints from people who choose to withhold their name and contact information. However, if enough information is not provided with the complaint the Board may not be able to investigate the case.

I hereby swear or affirm under penalty of perjury that, to the best of my knowledge, all statements I have made in this initial complaint are true and the supporting documents I have provided are true and accurate copies. I understand that this complaint and supporting documentation become a part of the official case record, will become the property of the South Carolina Department of Labor, Licensing and Regulation, and will not be returned to me.

Complainant Signature

Date



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GOOD CAUSE EXPLANATION

The law requires that the name of the person submitting a complaint must be disclosed to the license holder who is the subject of a complaint. There is an exception to this, however, if the Board determines that good cause exists to withhold the name from the license holder.

Please use the space below to explain the reasons you believe your name should be kept private. The explanation in the space below will not be released to the license holder.

Do not use the space below to restate information already provided in the complaint you file against the license holder. Information provided below that does not relate to a request to withhold your name may not be considered in the complaint review.

Good Cause Explanation:

I understand that I am allowed to provide information for the Board's consideration to support my request to keep my name from being released to the license holder. I further understand that the Board may rule against me and determine that my explanation does not show sufficient good cause to keep my name from being disclosed. In that case, my name will be released to the license holder. For my request to be considered by the Board, I understand that I must file my complaint **and** provide my good cause explanation at the <u>same time</u>. I further understand that whether or not my name remains private, the license holder will receive a copy of my complaint and my supporting materials.

Complainant Signature

Date

Good Cause Explanation (Rev. 10/19/2023 V1.3)