

**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 ()	Home () 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 Used	Purchase Date
Date Installed	HUD Label # <small>(Located on exterior of home, back end of home)</small>	Illinois Installation Seal # <small>(Located above the HUD label)</small>
County of Residence	Serial # of Home	Length Width

