



*Manufactured Building Division*

*Mike Causey | Commissioner of Insurance*

*Brian Taylor | Assistant State Fire Marshal*

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RE: Modular Home/Modular Building Complaint Form

Dear Consumer:

We are enclosing a Modular Home/Modular Building Complaint form. All portions of the complaint form must be completed. If you fail to provide the requested information, the form will not be processed by this office, but will be returned to you for completion. Please do not list any information on the back of the complaint form as this information may be overlooked while your complaint is being processed. You may use additional sheets if necessary.

Below, we have supplied you with some information concerning the complaint form, in hopes that some of your questions may be answered.

Data plates are located in every modular home or building. The data plate lists the manufacturer's name and address, North Carolina Modular label number and serial number of your home. The data plate is generally located on the interior wall of a closet, near the electrical panel or on the inside of a cabinet or vanity door.

In reference to PART 3, we need the name of the local inspections department that issued the building permit for set-up of the building (i.e. City of Raleigh, Buncombe County, etc.).

In reference to PART 4, we need the name and address of the dealership that is on your contract.

In reference to PART 6, please list the complaints in detail, for example, if your home is leaking, list each leak, when it occurred, where it is located, and when it was reported to the dealer and manufacturer.

This office has jurisdiction over the modular building as it is constructed in the manufacturing facility and our jurisdiction is limited to assurance of compliance with the North Carolina Building Codes. We have no jurisdiction concerning cosmetic items (i.e. loose molding, incorrect colors, workmanship, etc.) We do not have jurisdiction over contractual matters (loss of deposit, delivery schedules, financing, etc.). Once the building leaves the manufacturing facility, the setup is under the jurisdiction of the local inspections department and their jurisdiction is limited to assurance of compliance with the North Carolina Building Codes. The local inspections department does not have any jurisdiction over cosmetic or contractual items.

Upon receipt of the completed complaint form, this office will make a determination of those items that are potential violations of the Codes and will advise you of corrective actions that may be appropriate. This office will assist in getting manufacturer related Code violations corrected. An inspection of your modular building may be required and if necessary, you will be notified of an inspection schedule.

Sincerely,

A handwritten signature in black ink, appearing to read "Aaris Adams". The signature is fluid and cursive, with a long horizontal stroke at the end.

Processing Assistant

**N.C. Manufactured Building Division  
Modular Complaint Form  
PLEASE COMPLETE IN BLACK INK**

**PART 1: Owner Information**

A. Owner's Name: \_\_\_\_\_  
(Last) (First) (Middle)

B. Street Address: \_\_\_\_\_ County: \_\_\_\_\_

C. Mailing Address: \_\_\_\_\_

D. Home Telephone: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_

E. Email Address: \_\_\_\_\_

**PART 2:  
Building/Manufacturer Information**

A. Manufacturer's Name: \_\_\_\_\_

B. Manufacturer's Address: \_\_\_\_\_

C. Telephone: \_\_\_\_\_

D. Date Manufactured: \_\_\_\_\_

E. Date Purchased: \_\_\_\_\_

F. Model Name or Number: \_\_\_\_\_

G. Manufacturer's Serial No: \_\_\_\_\_

H. NC Modular Label Numbers: \_\_\_\_\_

I. 3rd Party Inspection Agency: \_\_\_\_\_  
& 3rd Party Label No: \_\_\_\_\_

**PART 3: Local Inspection Information**

A. Name of Local Inspections Department: \_\_\_\_\_

**PART 4: Dealer Information**

A. Dealer's Name: \_\_\_\_\_

B. Dealer's Address: \_\_\_\_\_

\_\_\_\_\_

C. Telephone: \_\_\_\_\_

D. Contact Name: \_\_\_\_\_

**PART 5: Setup Contractor Information**

A. Setup Contractor's Name: \_\_\_\_\_

B. Setup Contractor's Address: \_\_\_\_\_

C. Telephone: \_\_\_\_\_

D. Contact Name: \_\_\_\_\_

**PART 6: Signatures** Signature: \_\_\_\_\_

\*\*\* List complaints on attached — sheet and give directions to the home. \*\*\*

Return complaint form to:  
N.C. Manufactured Building Division  
1202 Mail Service Center  
Raleigh, NC 27699-1202

Telephone: (800) 634-7854 (919) 647-0000 Fax: (919) 715-0067

# LIST ITEMS OF COMPLAINTS

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
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Add additional pages if necessary

