

Louisiana Consumer Complaint Program

Manufactured Housing Section

The State Administrative Agency (SAA) operates the consumer complaint program under an agreement with the U.S. Department of Housing and Urban Development to administer and enforce the federal manufactured housing program, 24 CFR Part 3282 Subpart I.

This office can help in resolving your complaint depending on the seriousness of the problems encountered. Under HUD regulations, **we can only require a complaint to be resolved if it creates an imminent safety hazard causing an unreasonable risk of death, a severe personal injury, or if serious defect, or defect exists in a class of homes.** We can not require manufactures to repair cosmetic items such as dented or scratched products, trim, molding, floor covering, paint colors, etc. Please keep this in mind when filling out the attached consumer complaint form.

Upon receipt of your complaint, we will forward copies to the manufacturer, who is required to report back to this office within twenty (20) working days. It is during this time that the manufacturer will contact the homeowner, inspect the home (if it has not already been inspected), and make arrangements for work to be completed.

The attached form is very important and must be properly filled out to avoid delays in processing. Please be specific and brief in your explanation(s), examples: roof leaks, floor deteriorating, an electrical problem master bedroom ceiling fixture.

Be reminded that the manufacturer is only required to correct those items which fall into the categories of imminent safety hazard or serious defect. However, the manufacturer may choose to voluntarily correct the defects, or noncompliance at their expense, or may be required to do so under warranty obligations not enforceable by this office. Note the following legal text:

The items discussed are defined as: Imminent Safety Hazard, one that presents an imminent and unreasonable risk of death or severe personal injury that may or may not be related to failure to comply with an applicable federal manufactured home construction or safety standard.”

Serious Defect . . . “any failure to comply with an applicable Federal Manufactured Home Construction and Safety Standard that renders the manufactured home or any part there of not fit for the ordinary use for which it was intended and which results in an unreasonable risk of injury or death to occupants of the affected manufactured home.”

If a retailer brings a home “out of compliance” which causes an imminent safety hazard while making an alteration, transporting the home to the site, or installing the home at the site, it is then the retailer is responsibility for bringing it back into conformance.

At such time the manufacture and/or retailer bring the home into compliance of the federal regulations, this office will close the file. If you need assistance with this form or have any further questions, please contact this office.

COMPLAINT NUMBER: _____

DATE: _____

LOUISIANA MANUFACTURED HOME CONSUMER COMPLAINT

PLEASE PRINT OR TYPE (Black Ink) & FILL OUT COMPLETELY

Consumer _____

Retailer _____

Physical Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone H _____

Phone _____

Phone W _____

Manufacturer _____

Installer _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Serial Number _____

Date Manufactured _____

HUD Label Number _____

Date Purchased _____

Signed Arbitration Agreement Yes or No if so send copy with complaint

1. When purchased, manufactured home was: New () Used ()

2. Have you previously filed a written complaint with this office? Yes() No()

a. If yes, please list the complaint number _____ date filed _____

4. Did you receive a homeowner's manual? Yes () No ()

5. Home Size: Single Wide _____ Multi Wide _____ Length _____ Ft Width _____ Ft

6. Have you contacted the retailer? Yes() No() Notification: Written() Verbal()

7. Have you contacted the manufacturers? Yes() No() Notification: Written() Verbal()

8. Have you contacted any other agency, ex. Consumer Affairs, Better Business Bureau, or Attorney? Yes() No()

a. If yes, please list those notified: _____

10. Please return completed form to: Louisiana Manufactured Housing Commission, 8181 Independence Blvd, Baton Rouge, La. 70806

