State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006

WILLIAM J. SCHNEIDER,
Attorney General

Complaint #
Mediator
PDF

COMPLAINT FORM
MANUFACTURED HOME

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type. Please do not use staples.**

Name Of Business Complaint Is To Be Filed Against

Name of Business:_____

Address:_____

City: _____ State: _____ Zip: _____
Tel:_____
Fax:_____
Email:_____

Name of Consumer

Your Name:_____

Address:_____

City:_____ State:_____ Zip: _____
Tel: Work _____Home _____
Cell:_____Fax:_____
Email:_____

Name of Manufacturer:_____

Address:_____

City: _____ State: _____ Zip: _____
Tel:_____
Fax:_____
Email:_____

Specific details about the transaction:
Did you sign a contract? Yes: ____ No: _____
Did you receive a warranty? Yes: ____ No: _____
What is the length of the Warranty?_____
Serial Number:_____
Make: _____
Model: _____
Year:_____

Date of Transaction:_____ Price: $_____ Amount of money paid? $_____

Name of person you dealt with:_____
Was the item or service advertised? Yes: ____ No: _____
Where and When? _____
Did you finance the home purchase? Yes: ____ No:____ Did you make a down payment? ? Yes: ____ No: ____
What was the source of your down payment? :_____
Who was the lender? _____
Did you pay by credit card? Yes: ____ No: _____
Have you contacted your credit card company to dispute your bill and request a credit to your account? Yes No
Have you sued the company or has the company sued you? Yes: ____ No: ___
Have you submitted this matter to another agency or lawyer Yes: ____ No: ___

Agency's or lawyer's name and phone:_____
May we send a copy of this complaint to the business Yes: ____ No: __
If you check "**no**" we will not be able to mediate your complaint.
However, we will keep your compliant on our files.

PLEASE COMPLETE THE OTHER SIDE

Please summarize your complaint in the space below. This complaint petition will be the only document we forward to any interested parties. Describe any promises the business made and whether those promises were kept. You may send in additional and more detailed materials and statements to assist us in our mediation effort, but please keep them separate from this complaint.

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How did the business respond to your complaint?

_____

_____

_____

What do you believe would be a fair resolution of your specific complaint?

_____

_____

_____

Today's date: _____ Your Signature: _____

Please indicate which age category applies to you (statistical purposes only):

Under 18( ) 18-29( ) 30-39( ) 40-49( ) 50-59( ) 60-69( ) 70-79( ) 80-89( ) 90 plus( )

This complaint form is valid only when accompanied by a letter from the Office of Attorney General.