



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL  
REGULATION  
**MANUFACTURED HOUSING BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
TTY/HEARING IMPAIRED (888) 577-6690

Paul R. LePage  
GOVERNOR

Anne L. Head  
DIRECTOR  
Robert LeClair  
EXECUTIVE DIRECTOR

Enclosed is a complaint form. Prior to filing your complaint, it is recommended that you contact the dealer and/or manufacturer, in writing, on problems that exist with your new home.

According to the Maine Manufactured Housing Warranties Act, 10 M.R.S.A. § 1404, *"...the manufacturer or dealer or both shall take appropriate corrective action at the site of the home in instances of substantial defects in materials or workmanship, which become evident within one year from the date of the delivery of the home to the consumer, provided the consumer or his transferee gives written notice of such defects to the manufacturer or dealer at their business address not later than one year and 10 days after date of delivery..."*

If you have contacted the dealer and/or manufacturer and service work has not been scheduled or the problems continue to exist, send to Complaints Division, at the address above, as soon as possible. You may wish to make a copy for your personal records. Also, please send us a copy of your agreement and copies of all papers pertinent to your complaint.

NOTE: If you fail to provide the requested information, our investigation of your problems may be delayed.

**Please be advised that the Manufactured Housing Board does not have jurisdiction on cosmetic, contractual or issues that are beyond the warranty period.**

OFFICE PHONE (207) 624-8612  
OFFICE PHONE (207) 624-8618

EXECUTIVE DIRECTOR (207) 624-8678  
ROBERT.V.LECLAIR@MAINE.GOV



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FAX: (207)624-8637

PHYSICAL LOCATION: 76 NORTHERN AVENUE,  
GARDINER, MAINE 04345



Manufactured Housing Board  
Complaints and Investigations Division  
35 State House Station  
Augusta Maine 04333  
(207) 624-8612

Office Located at:  
76 Northern Avenue  
Gardiner ME

### MANUFACTURED HOUSING COMPLAINT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City or Town) (State/Zip Code)

(County)

E-Mail \_\_\_\_\_

Address

Home Telephone ( ) \_\_\_\_\_ Day Time Telephone ( ) \_\_\_\_\_ Cell Telephone ( ) \_\_\_\_\_

Type of Unit: (Mobile \_\_\_) (Modular \_\_\_) (Other \_\_\_) If other, please explain. \_\_\_\_\_

State Certification Label Number (Modular Only) \_\_\_\_\_

Maine Warranty Label Number (Modular and Mobile) \_\_\_\_\_

Installation Warranty Label Number (Modular and Mobile) \_\_\_\_\_

***\*All Labels are normally located under the kitchen sink cabinet***

Manufacturer \_\_\_\_\_

Plant Location \_\_\_\_\_

Date of Manufacture \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Purchased From \_\_\_\_\_

\_\_\_\_\_  
(Street) (City or Town) (State/Zip Code)

Purchase Date \_\_\_\_\_

Installer (if other than the dealer) \_\_\_\_\_

Has manufacturer and/or dealer been contacted? \_\_\_\_\_ List dates \_\_\_\_\_

Have you previously filed a complaint with this Board? \_\_\_\_\_ If so, list dates \_\_\_\_\_

**Please list the specific complaint items below:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_

11. \_\_\_\_\_

\_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_  
(Complainant's Signature)

\_\_\_\_\_  
(Date)