



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF BUSINESS REGULATION
 DIVISION OF LICENSING AND CONSUMER PROTECTION
 MOBILE AND MANUFACTURED HOME SECTION
 1511 PONTIAC AVENUE
 JOHN O. PASTORE COMPLEX – BUILDING 69-1
 CRANSTON, RI 02920**

COMPLAINT FORM

FILING FEE: \$25.00

INSTRUCTIONS: Please complete this form and return to the above address. Please print or type.

Complainant's Name: _____

Residence Address: _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

Mobile Home Park against whom Complaint is being made: _____

Name of Person against whom Complaint is being made: _____

Other Federal, State, Municipal, Local Agencies, or Legal Counsel you have contacted, including results of contacts: _____

How long have you resided in the park? _____ years

Have you signed a lease? _____

Explain as fully as possible on a separate sheet of paper the exact nature of your complaint against the Mobile Home Park and/or Owner thereof. Be sure to include specific information as to the complaint to include dates, time, name of persons involved and their address. Any complaint not containing specific information will be returned to the complainant without action. Attach any documentation which you feel will help your complaint or clarify the issues. Please state the portion of the Mobile and Manufactured Home Code or Law which you believe to have been violated, if you know.

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements attached hereto.

Signed: _____ Date: _____
 Complainant