

<b>(Department Use Only)</b>
MHD#: _____
Investigator: _____

**ADVERTISEMENT COMPLAINT FORM**

*Sections A through D must be properly completed to process the complaint.*

**Section A**

*Notice: Under the Public Information Act, the complainant's identity is subject to disclosure.*

You, as the complaining party: (Type or print legibly)

Name (Complainant):	
Address:	
City/State/Zip:	
Telephone Numbers:	Work (    ) _____ Home (    ) _____

**Section B**

Provide the complete address of the person or company you are filing a claim against:

Person or Company:	
TX License # (if known):	
Address:	
City/State/Zip:	
Telephone Numbers:	Work (    ) _____ FAX (    ) _____

**Section C**

**Type of Advertisement Complaint**

- Disclosure Advertisement
- Failure to disclose credit terms \_\_\_\_\_

**Source of Advertisement Complaint**

- \_\_\_\_\_ Newspaper or circular or Other Printed Material  
*The Department must be provided with entire front page of the publication and the entire page of the advertisement violation, with violation highlighted. The name, address, and phone number of publishing company is also needed.*
- \_\_\_\_\_ Billboard, Sign, Etc.  
*The Department must be provided with a picture of the sign or billboard. Indicate the date when the picture was taken, name and complete address of the person or company in violation, and the name of the person and the signature of the person who took the picture. The required information may be placed on the back of the picture.*
- \_\_\_\_\_ Radio or Television  
*The Department must be provided with a copy of a video tape or audio tape. The tape must be identified with the date aired, channel (radio) or station (television), and an explanation of the violation that occurred.*
- \_\_\_\_\_ Other  
*The Department must be provided with documentation that clearly shows a possible violation exists.*

**Section D**

**Please place a picture of the advertisement below.**



If the space provided below is not adequate, attach additional pages. You must clearly explain the reasons that the advertisement contains violation(s) with Who, What, When, Where, Why and How.


**Complainant's Signature**

*Under penalty of perjury, I hereby swear that the matters set forth in this complaint are, to the best of my knowledge, true and correct.*

\_\_\_\_\_  
*(Signature of complaining party)*

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

**After completion please mail to:**  
Texas Department of Housing and Community Affairs  
Manufactured Housing Division  
P. O. BOX 12489 Austin, Texas 78711-2489  
(877) 313-3023 or FAX (512) 475-3506