



**COLORADO**  
Department of Local Affairs  
Division of Housing

# HOW TO FILE A COMPLAINT

WITH THE MOBILE HOME  
PARK OVERSIGHT PROGRAM



**2020**

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# GLOSSARY

Important words to know

## AGENT

A person or organization authorized to act on behalf of the person making the complaint.

## COMPLAINANT

The person(s) making the complaint.

## HOME OWNER

The person that owns the mobile or manufactured home. This includes people with rent-to-own and lease-to-own agreements.

## LANDLORD

The person(s) or business(es) that own and/or manage the mobile home park.

## MHP

Mobile home park or manufactured housing community.

## MHPA

Mobile Home Park Act - The state law governing the relationship between mobile home park landlords and home owners.

## MHPOP

Mobile Home Park Oversight Program - The state program created on May 23, 2019 to assist mobile home park landlords and home owners in resolving disputes.

## RESPONDENT

The person(s) the complaint is against.

## SUBPOENA

A formal written order that requires a person to produce documents, or to appear and testify. Failing to respond to a subpoena could result in a legal penalty or punishment.

## SUPPORTING DOCUMENTS

Documents like letters, email, notes, notices, police reports, photos, videos, etc. that are related to the issue and complaint. ***Please only send copies with your complaint - originals will not be returned.***



# THE COMPLAINT FORM

## COMPLAINT FORMS ARE ONLINE

Forms can be filled out online at [cdola.colorado.gov/mobile-home-park-dispute-resolution](https://cdola.colorado.gov/mobile-home-park-dispute-resolution). You may also print out the form and mail it with ***copies*** of any supporting documents (these will ***not*** be returned to you) to MHPOP at:

*Mobile Home Park Oversight Program  
c/o Jessi Lehew, Program Administrator  
Colorado Department of Local Affairs, Division of Housing  
1313 Sherman St. #320  
Denver, CO 80203*

\*If you cannot get a copy through the MHPOP website, please email us at [mhpop@state.co.us](mailto:mhpop@state.co.us) (preferred) or call 1-833-924-1147

## NEED HELP FILLING OUT THE FORM?

You can have a friend, family member or organization help you fill out the form! You should review the information on the form to make sure it is correct before signing. If you want the person or organization helping you to be part of the complaint and dispute resolution process and want them to be able to act on your behalf, add their contact information to the bottom of Part 2 and have them sign as the Agent in Part 5.

## GROUP COMPLAINTS

For complaints made by a group, only one form is necessary. All members of the group will be contacted by MHPOP (please provide their contact information in Part 2).

Individual members of a group complaint may decide to resolve the complaint with the opposing party separately from other members.



## **THE 5 BASIC STEPS TO THE COMPLAINT FORM**

**1 PARK INFORMATION**

**2 PERSON(S) MAKING  
THE COMPLAINT**

**3 PERSON(S) THE  
COMPLAINT IS AGAINST**

**4 COMPLAINT  
DESCRIPTION**

**5 SIGN & SUBMIT**



**Note for Online Submissions:** the system will not be able to save in-progress forms so you must fill out the form in one session.

**Group Complaints:** only one form is needed for complaints made by a group of home owners or park owners/managers. List all group member's contact information under "People making this complaint with you" in Part 2.

## 1 PARK INFORMATION

- Fill in the name and physical address for the mobile home park that the issue is in - not your address yet!
  - Online submissions: you will have the opportunity to search for your MHP and this information will fill in automatically.
    - If your MHP does not show up in the search, you will fill in this section yourself.

**Example:** if a mobile home park called MHPOP Mobile Home Park has the PHYSICAL address of 1313 S Sherman St, Denver, CO 80203, fill in part 1 like this:

PART 1 – MOBILE HOME PARK INFORMATION			
<u>MHPOP MOBILE HOME PARK</u>		<u>DENVER</u>	
*Mobile home park name		*County where the park is located	
<u>1313 S SHERMAN ST</u>		<u>DENVER</u>	<u>CO</u> <u>80203</u>
*Mobile home park physical address		*City	*State *Zip

## 2 PERSON(S) MAKING THE COMPLAINT

- **Question 1:** Check the box that describes who you are (home owner, park owner or manager) and fill in your contact information.
- **Question 2:** If you have an attorney helping with the complaint, check "Yes" and fill in their contact information.
  - You do not need an attorney to make a complaint - mark "No" and leave this section blank if none are involved.
- **Question 3:** If a non-attorney person or organization is helping with the complaint and *acting on your behalf*, you can list that person or organization as your Agent. Check "Yes" and add their contact information.
- **Question 4:** For group complaints, add contact information for others making the complaint with you. Leave this section blank if you do not have a group.
  - Online submissions: if you need additional space, attach a document with names and contact information for group members in Part 4, Question 7.

**Example:** if home owner Suzie Mobile is making the complaint, does not have an attorney nor an Agent, and has neighbors also making the same complaint, fill in like this:

Fill out the below information for the person(s) making the complaint.

1. \*Who is making this complaint?  Home Owner    Landlord – Owner    Landlord – Manager

SUZIE	J	MOBILE
*Your name – First	Middle Initial	*Last
1313 S SHERMAN ST #323		DENVER                      CO 80203
*Your mailing address		*City                                      *State   *Zip
833-947-1147		MHPOP@STATE.CO.US
*Your phone no.		Your email address (if any)

2. \*Are you represented by an attorney?    Yes    No

\_\_\_\_\_  
Attorney name (first and last)

\_\_\_\_\_  
Attorney mailing address

\_\_\_\_\_  
Attorney phone number

\_\_\_\_\_  
City

\_\_\_\_\_  
State   Zip

\_\_\_\_\_  
Attorney email address

3. Is this complaint being made with the help of an agent who is authorized to act on your behalf? For example, this could be a person, employee, organization, or Home Owners Association.    Yes    No

\_\_\_\_\_  
Agent name (first and last)

\_\_\_\_\_  
Agent mailing address

\_\_\_\_\_  
Agent phone number

\_\_\_\_\_  
City

\_\_\_\_\_  
State   Zip

\_\_\_\_\_  
Agent email address (if any)

4. People making this complaint **with you** (for group complaints).

- Please provide each person's name, mailing address, phone no., and email address (if any).
- Attach an additional sheet if needed.

JOE PARK, 1313 S SHERMAN ST #321, 833-947-1147, MHPOP@STATE.CO.US

JILL DENVER, 1313 S SHERMAN ST #322, 833-947-1147, MHPOP@STATE.CO.US

# 3 PERSON(S) THE COMPLAINT IS AGAINST

- **Question 1:** Check the box that describes who you are making the complaint against.
  - **1.a:** If you are the park owner and/or manager complaining against a home owner(s):
    - Check the "Home Owner" box.
    - Leave "1.b For complaints against landlords" blank.
    - Fill in the contact information for the home owner you are making the complaint against.
  - **1.b:** If you are the Home Owner complaining against the park owner and/or manager:
    - Check the "Landlord/Park" box.
    - Leave "1.a For complaints against home owners" blank.
    - Fill in the contact information for the park owner or manager you are making the complaint against.
- **Question 2:** If you are making the complaint against more than one person, list the names and contact information for the additional people you are making a complaint against.
  - Online submissions: if you need additional space, attach a document with names and contact information for people you are making a complaint against in Part 4, Question 7.

**Example:** if home owner Suzie Mobile is making a complaint against her landlord, fill in the form like this:

Provide the name and contact information of the home owner or landlord you are making the complaint against. **(Leave the other subsection blank.)**

1. \*Whom is this complaint against?    Home Owner (1.a.)    Landlord (Owner or Manager) (1.b.)

**1.a. For complaints against home owners:**

Home owner name – First	Middle Initial	Last
Home owner mailing address	City	State      Zip
Home owner phone no.	Home owner email address (if any)	

**1.b. For complaints against landlords:**

HARRY	D	COLORADO
1313 S SHERMAN ST #320	DENVER	CO      80203
833-924-1147	MHPOP@STATE.CO.US	

2. Additional people you are making this complaint **against** (for group complainants).

- Please provide each person's name, mailing address, phone no., and email address (if any).
- **Attach an additional sheet if needed.**

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## 4 COMPLAINT DESCRIPTION

The who, what, when, where, why of it all!

- **Question 1:** Check the box(es) that best describe the issue(s). Include all issues you would like to address in one form, if possible.
- **Question 2:** Tell MHPOP your story in as much detail as possible to help us understand the issue. Dates are very helpful.
- **Questions 3-6:** These are extra questions to help MHPOP understand the background to the complaint.
  - For questions that you check "No," you may leave the section blank.
  - For "Yes," please provide details of why you marked "Yes."
- **Question 7:** This is where you can attach ***copies*** of any supporting material you think will be helpful.
  - ***Copies*** of supporting material to consider sending MHPOP:
    - Images/pictures
    - Video
    - Reports (police reports, etc)
    - Any written (paper and/or email) notices or communications, such as: Notice to Quit, Notice of Nonpayment of Rent, letters about fee or rent increases, letters about changes to park rules and regulations.
  - **Online submissions:** After signing the legal declarations page (Part 5) and clicking "Submit and Attach Document," there will be a page to upload your files. You can attach documents, images, and videos in these formats: .DOC, .PDF, .JPG, .PNG, .MP4.
  - **Mail-in submissions:** attach ***copies*** of your documents and mail with the form to the address on Page 2. Please make sure to ***send only copies*** - MHPOP will not return any submitted documents.
    - If you are mailing in your complaint but have a video(s) you want to include, please contact our office at MHPOP@state.co.us (preferred) or call 1-833-924-1147 to ask how best to send us a copy.

# 4

## COMPLAINT DESCRIPTION (CONTINUED)

1. \*Complaint issue(s). Select all that apply.

- Rent increase
- Failure to pay rent
- Lease/rental agreement
- Removal of home
- Home owner meeting/assembly
- Security deposit
- Health/safety/welfare of home owner/landlord
- Damage to property
- Maintenance/repairs of premises
- Water, sewage, utility lines/connections
- Accessory buildings/structures
- Water shutoff
- Park rules/regulations
- Sale of park
- Sale of mobile home
- Change of land use
- Posting of Home Owner Notice
- Retaliation
- Trees
- Fences
- Mobile home/lot appearance
- Animals
- Other (Please describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \*Complaint narrative. Provide a summary of your complaint, including dates if available. Attach additional sheets if needed.

THIS SPACE IS FOR TELLING YOUR STORY IN AS MUCH DETAIL AS YOU CAN - DATES ARE VERY HELPFUL.

NOTE: Your answers to Questions 3-6 below do not affect whether or not the Program will investigate your complaint; they are for informational purposes only.

3. \*Have you brought this issue up with the home owner/landlord before?  Yes  No

If yes, describe: WHEN DID YOU BRING THE ISSUE TO THE OTHER PARTY? WHAT DID THEY DO OR SAY TO DO?

4. \*Is or has there been a police investigation(s) related to this complaint?  Yes  No

If yes, describe and include any case number(s) (if known): \_\_\_\_\_

5. \*Have you previously contacted the city or county the mobile home park is in about this issue?

Yes  No

If yes, describe: \_\_\_\_\_

6. \*Has an eviction process been started against a home owner related to this complaint?

Yes  No

If yes, describe: \_\_\_\_\_

7. ATTACHMENTS. Please feel free to attach copies of all documents relevant to your complaint such as letters, photos, audio files, police reports, contracts, and witness statements.

# 5

## SIGN & SUBMIT

- Check the box stating you made sure the details you shared in the complaint form are true to the best of your knowledge before signing and submitting.
- Check the box stating you are aware that MHPOP may send a copy of your complaint to the person(s) you are making a complaint against.
- Sign and Date
  - Online submissions: typing in your name is equal to a written signature.
  - Mail-in submissions: please sign and date by hand.
  - Group complaints: only one person needs to sign.
  - Agent: If you have help filling out the form and *that person is to be involved in the complaint process on your behalf*, they may sign and date on the "Signature of Your Agent" line. Please also make sure their contact information was provided in Part 2.
- After a complaint submitted to MHPOP is resolved or closed, the complaint will become public record and members of the public may be able to see information about the complaint.

**\*Please read and check each box before signing.**

I state that the information contained in this form is true and correct to the best of my knowledge. Knowingly false statements made herein may be punishable by law.

I acknowledge that in order to provide dispute resolution services, the Program may send a copy of my complaint and attachments to the other party. I acknowledge that my complaint becomes a public record once it is resolved or closed.

*Suzie Mobile* \_\_\_\_\_ *5/11/2020* \_\_\_\_\_  
 \* Your Signature \*Signature Date

\_\_\_\_\_  
 Name of Your Agent (if someone is making this complaint on your behalf) Signature Date

\_\_\_\_\_  
 Signature of Your Agent Signature Date

# ONCE MHPOP RECEIVES YOUR COMPLAINT...

## ONCE MHPOP RECEIVES YOUR COMPLAINT...

You will receive an email or letter to let you know MHPOP has received your complaint. You may be contacted by a member of the MHPOP team for additional information. The MHPOP team expects a large number of complaints, especially in the first year of the program; your patience is appreciated.