



US Consumer Product Safety Commission

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Consumer Drywall Complaint Report

By filling out the form below and then submitting it, you can report a complaint involving drywall to us. We may contact you by mail, phone or Internet email for further details. In addition, you will be contacted to confirm the information you sent. Please provide as much information as possible. Your name, address, telephone number and email address are optional, but we can't contact you without that information. You can also report a drywall complaint by calling toll-free at 1-800-638-2772 or by sending an e-mail to info@cpsc.gov

Please be advised that you may be contacted by one of CPSC's field Investigators if we wish to obtain additional information about your report.

When filling out the form, use the TAB key or your mouse to go to the next data area. Use the scroll bar to scroll down the form. Please limit entries in the larger, multiline boxes to 255 characters.

Your name:

Your address:

City:

State:

Zip code:

Your email address:

Your telephone:

1. What are the ages and gender of the persons living in the home?

2. When did you move into your home? Date:

3. What year was your home built? Date:

4. Describe the style of your home (ranch, duplex, condominium, colonial, etc.)

5. What is the name and address of your builder and/or contractor?

6. If renovation of existing structure, provide dates:

7. Did the renovation include drywall? Yes No

8. Describe the work done in the renovation project.

9. If known, provide the name and address of the person that provided the drywall for the project.

10. Are you currently living at the address above? Yes No

11. Does your home use natural or LP gas service? Yes No

11a. If yes, which type and for which appliances?

Text input field for 11a.

12. Have you noticed unusual odors in your home? Yes No

12a. If yes, describe the odors, and when you notice them.

Text input field for 12a.

13. How many air conditioner service calls have you had in the last 3 years?

13a. If any, describe the type of service needed and how often.

Text input field for 13a.

14. Have you observed any blackening or corrosion of copper or metal items in your home? Yes No

14a. If so, describe which items.

Text input field for 14a.

15. Describe any problems with the operations of your smoke, carbon monoxide detectors and security alarm systems in the last 3 years.

Text input field for 15.

16. Has it been confirmed that Chinese manufactured drywall is present in your home? Yes No

16a. If so, by whom.

Text input field for 16a.

17. Do you know the name of the manufacturer of the imported drywall in your home? Yes No

17a. If so, provide the name(s) and how you learned this information..

Text input field for 17a.

18. Has anyone in the house experienced any health symptoms since the installation of the imported drywall or since moving into the home? Yes No

18a. If so, describe the health symptoms and the age of the person.

Text input field for 18a.

19. Do you keep a record of your symptoms? Yes No

20. How often do the symptoms occur?

Text input field for 20.

21. Did you (or household member) seek medical care or treatment for these symptoms? Yes No

21a. If so, describe (who sought care, date(s), the symptom present, type of care or treatment)

Text input field for 21a.

22. Have you and/or any member of your household experienced similar symptoms in the past? Yes No

22a. If so, when and under what circumstances.

Text input field for 22a.

23. Have you noticed any unusual patterns of operations of your light fixtures, light switches, circuit breaker box, wall switches and receptacles, or any unusual sounds or smells coming from electrical components in the home? Yes No

23a. If so, identify the item, age, date and describe the unusual pattern(s).

[Text input field]

24. Have you had any unusual problems with appliances or with any electrical equipment in the residence? In particular, have any appliances unexpectedly stopped working? Yes No

24a. If so, describe the type and age of appliance, nature of the problem and the dates of the occurrence.

[Text input field]

25. Are you interested in being considered for participation in potential future studies of the imported drywall issue? Yes No

26. Have you contacted your builder or contractor about your drywall issues? Yes No

26a. If so, what was the response?

[Text input field]

27. Have you filed a lawsuit for this matter? Yes No

27a. If so, provide the name, address and phone number of the attorney.

[Text input field]

28. Do you know of anyone else in your community with complaints about drywall? Yes No

28a. If so, provide the name, address and phone number, if known.

[Text input field]

29. Additional Comments.

[Text input field]

- May we use your name with this report?
- I request that you do not release my name
 - You may release my name to the manufacturer but I request that you do not release it to the general public
 - You may release my name to the manufacturer and to the public

This information is collected by authority of 15 U.S.C. 2054 and will be entered into a database by a Consumer Product Safety Commission contractor. The information is not retrievable by name. The information may be shared with product manufacturers, distributors, or retailers. However, no names or other personal information will be disclosed without explicit permission.

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