



Mississippi Home Inspector Division

ADMINISTRATOR
E. C. Neely, IV

ROBERT E LEE BUILDING SUITE 502
239 NORTH LAMAR ST, JACKSON, MS 39201

P.O. BOX 4915
JACKSON, MS 39296

(601) 359-5443 – Office
(601) 359-5441- Office

www.mhid.ms.gov

FORM FOR FILING A COMPLAINT AGAINST AN INSPECTOR

This form should be used when filing a complaint against a Licensed Home Inspector, referred to as “inspector.” Please fill in all the information listed below. The completed form is needed to process the complaint expeditiously. Your complaint will be of public record, and a copy of the complaint and all accompanying documentation will be forwarded to the inspector(s) for a response. Please send all applicable information to the above-referenced mailing address.

IMPORTANT: The Mississippi Home Inspector Division (MHID) investigates complaints against inspectors for violations of the **Standards of Practice** and **Code of Ethics**, **state statutes**, and **MHID** rules. If a violation is found, MHID may fine and discipline the inspector, including a license suspension or revocation. MHID cannot order fee refunds or damages, provide legal advice, or act as your attorney.

Instructions for filing a complaint:

- If the complaint is not correctly filled out, it will be dismissed.
- State the facts causing your concern. If necessary, you may use additional pages.
- Please specify the Standards of Practice, Code of Ethics, or Law you allege were violated.
- Please attach a copy of the inspection report and any other pertinent information upon submission.
- Please have your signature on the complaint notarized.

After the complaint has been filed:

- The complainant and the Inspector will be notified that a complaint has been filed.
- The Inspector will also receive a copy of the complaint.
- Once the complaint is received, an investigator is appointed.
- After the investigation is completed, we will contact you.

Name of Complainant(s): _____

Street Address: _____ City _____ State _____ Zip _____

Mailing Address: _____

Home Phone: _____ Work/Daytime: _____ Cell Phone: _____

E-mail: _____



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First and Last Name of Inspector(s): _____

Subject Property Address: _____

City _____ State _____ Zip Code _____

INFORMATION ABOUT YOUR COMPLAINT

(additional information may be supplied on additional sheets)

Signature of Complainant: _____ Date: _____

SWORN TO AND ASCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

Notary Public: _____

Commission Expires: _____

Revised 2/8/25