

COMPLAINT FORM

Your Name: _____

Your Address: _____

Your Phone Number: _____

Complaint Against:

Name: _____

Address: _____

Phone Number (if known): _____

Nature of Complaint: _____

Date of Offense: _____ Frequency of Offense: _____

Have you attempted to solve this problem by talking with your neighbor? Yes ___ No ___

Is there any additional information you would like to add:

Signature: _____ Date: _____

Received: _____

Management's Comments: _____

A SPECIAL BOARD MEETING CONCERNING THE ABOVE COMPLAINT, THE NAME OF THE COMPLAINANT, THE NAME OF THE CPMLAINANT WILL BE DIVULGED UPON REQUEST OF THE PARTY CHARGED. YOU HAVE THE RIGHT TO ATTEND THE SPECIAL BOARD MEETING UPON NOTICE.