

COMPLAINT FORM

1 VIOLATION OBSERVED: DATE: _____ TIME: _____ AM or PM

LOCATION: _____

DESCRIPTION OF VIOLATION (be as specific as possible): _____

2 VIOLATOR NAME: _____

ADDRESS: _____

PHONE: _____

ACTION TAKEN BY: Management - Compliance Dept. - Architectural Committee - Board of Directors	
DATE: _____	ACTION TAKEN: _____
SIGNATURE: _____	

***** THE FOLLOWING INFORMATION IS CONFIDENTIAL UNLESS A HEARING IS HELD *****
If a hearing is requested, you will be required to attend

PERSON MAKING COMPLAINT: _____ PHONE: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

WITNESSES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

SIGNATURE OF PERSON FILING COMPLAINT: _____