Job No. ____ – _____ Your Account No. _____ – _____
(to be assigned by management) Assn. Unit#

COMPLAINT FORM

*For complaints to be formally processed this form **must be signed** and dated by the person complaining. While management will listen to informal complaints from all residents and Members, in order for the Board of Directors to hold a formal hearing, a formal complaint must be filed on this form. While it is not management's practice to initially reveal the complainant's name, the alleged violator has the right to this information if any disciplinary action is to be taken by the Association. Therefore, there can be no formal action taken on anonymous complaints. The person complaining must reveal themselves and sign this form. Non-owner residents should route their complaints via their owners.*

Date: _____

Complainant Information
(Association Member filing the complaint)

Name: _____
Address: _____
Phone: _____
Email: _____

Alleged Violator Information

Name (if known): _____
Address or Unit: _____

Violation: The nature, date and time of the alleged violation(s), and a description of the factual basis of the complaint. (Who, What, When, Where). If violation has occurred multiple times please list multiple incidents. If you have additional evidence please submit with this form.

_____
_____
_____
_____
_____
_____
_____
_____

Complainant Signature: _____ Date: _____

Please complete, then sign and date this form and mail or e-mail the form to the Association. Addresses may be found at: www.directory.ceosd.net .