

COMMUNITY _____

RULES VIOLATION/COMPLAINT FORM

1) Person(s) registering complaint: Name: _____
Unit Owned: _____
Mailing Address: _____

Telephone Number: (H) _____
Telephone Number: (W) _____

2) Person(s) or Unit against whom complaint is registered:
Name: _____
Unit Address: _____

3) Detail: Times of Occurrence: _____
Date(s) of Occurrence: _____
Location(s) of Occurrence: _____
Other Witnesses to Occurrence: _____

Rule(s) being violated: _____

4) Nature of complaint: (What was done?) Continue explanation on back of form if necessary:

I hereby attest that the information on this complaint form is true to the best of my knowledge and request that the Board take action to cause this violation to cease. I am willing to participate with the Board on this action by acting as a witness.

Date

Signature of Person Reporting Violation