



Grievance/Complaint Form

Date _____

Person Submitting Complaint: _____

Address or Lot Number: _____

Phone Number: _____

Do you wish to remain Anonymous in your issue? Y N

State complaint/grievance below. *All complaints must be in writing if action is being requested from the Board. Please be as specific and as thorough as possible with Covenant violation reference, dates, times, names, photos, license plates, etc. Attach additional pages if necessary.*

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Date Received by Board: _____ By (rep) _____

Action Recommended by Board: _____

Date Action Taken: _____ Follow-up _____

Follow-with Person Submitting Complain

Please save this as an original and copy this form for all submissions – a digital version may be requested from the Board of Directors.