



# COMPLAINT FORM

Nature of Complaint: \_\_\_\_\_

## Information of *member filing the complaint*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Unit #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Member that the complaint is *filed against*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of violation: \_\_\_\_\_

Unit #: \_\_\_\_\_

Time of violation: \_\_\_\_\_

Details of violation (please be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recvd. By: \_\_\_\_\_

Date: \_\_\_\_\_

Routing:            BOD \_\_\_\_\_

MGT: \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_

BOD/MGT Signature: \_\_\_\_\_ Date: \_\_\_\_\_