

MEMBER COMPLAINT FORM

Against:

Name (if known) _____

Address _____

Frequency of Offense _____

Date(s) _____

Have you attempted to solve the problem by talking to your neighbor?

Yes _____ No _____

If so, when? _____

DESCRIPTION OF THE COMPLAINT (be specific)

(Use the back of this page if you need more room to write your narrative)

Note: Complaints will be honored only if they are signed.

From (Print Name) _____

Signature _____

Address _____

Telephone Number _____

e-mail _____

Date _____