

C. Complaint form

**ENCLAVE AT ROSEMONT RIDGE CONDOMINIUM OWNERS' ASSOCIATION
COMPLAINT FORM**

Nature of Complaint _____

Location: _____

Number of Occurrences: _____

Date (s): _____

Time (s): _____

Name of Offender (if known): _____

Unit # of Offender (if known): _____

Details (please be specific): _____

Have you made any personal attempts to resolve the problem? (Be a Good Neighbor Policy)

Y _____ N _____

If "Yes" what were the results: _____

Date: _____ Your Name: _____

Unit #: _____

Date Received by office: _____

Disposition _____

Date of Disposition: _____

Condo Manager Signature: _____