

QUAIL CREEK HOMEOWNERS ASSOCIATION
GENERAL COMPLAINT FORM

COMPLAINANT INFORMATION:

Name: _____ Date: _____

Address: _____ Phone #: _____

Signature: _____

COMPLAINT ISSUED AGAINST:

Name: _____

Address: _____

INCIDENT INFORMATION:

Date of Occurrence: _____ Time of Occurrence: _____

Witness (if any): 1. _____ 2. _____

Witness Address: 1. _____ 2. _____

Specific Nature of Complaint: _____

CORRECTIVE ACTION TAKEN:	
Date Received: _____	Reviewed By: _____
Notice Sent to Homeowners (Yes or No) _____	Date: _____ By: _____
NOTE: The identity of the person making the complaint will be kept confidential when the first complaint is issued. However, if a second complaint is filed and a fine is issued, the Board of Directors reserves the right to contact you as a witness.	