



Violation Complaint Form

REPORTING PARTY'S INFORMATION:

Name:

(The Association does not respond to anonymous complaints. Your name and contact information is required.) We will not share your information people other than the board members.

Address: _____

Phone Number: _____

DESCRIPTION OF THE VIOLATION OR COMPLAINT:

Date:

Time:

Location of Violation: _____

Address, Name and/or Description of Violator(s): _____

Description of Violation: _____

Name and phone number of potential witnesses:

1. _____
2. _____

Were any photographs taken? YES (or) NO By whom?

Please attach all photographs to this form and forward to the Association via management as soon as possible. Include the photographer's name, the date photos were taken and the names of individuals present in photos.

I HAVE MADE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT WHAT HAS BEEN TOLD TO ME. I WILL COOPERATE WITH THE ASSOCIATION AND ITS ATTORNEYS TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS, AND IN THE EVENT A HEARING OR TRIAL IS NECESSARY, I WILL APPEAR TO TESTIFY AS A WITNESS.

Signed: _____

Dated: _____