

TOWNHOUSE PLAZA COOPERATIVE
COMPLAINT FORM

Complainant Name _____

Complainant Signature _____

Address: _____ Unit #: _____

Incident Occurred On: _____ Time: _____

Complaint Against: _____

Address: _____

Type of Complaint (Please select one and describe)								
<table style="width: 100%;"><tr><td style="width: 50%;"><input type="checkbox"/> Pets</td><td style="width: 50%;"><input type="checkbox"/> Traffic</td></tr><tr><td><input type="checkbox"/> Parking</td><td><input type="checkbox"/> House</td></tr><tr><td><input type="checkbox"/> Grounds</td><td><input type="checkbox"/> Garbage</td></tr><tr><td colspan="2"><input type="checkbox"/> Other: _____</td></tr></table>	<input type="checkbox"/> Pets	<input type="checkbox"/> Traffic	<input type="checkbox"/> Parking	<input type="checkbox"/> House	<input type="checkbox"/> Grounds	<input type="checkbox"/> Garbage	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Pets	<input type="checkbox"/> Traffic							
<input type="checkbox"/> Parking	<input type="checkbox"/> House							
<input type="checkbox"/> Grounds	<input type="checkbox"/> Garbage							
<input type="checkbox"/> Other: _____								
Nature of complaint:								
I HAVE DISCUSSED THIS MATTER WITH THE PERSON OR FAMILY ABOUT WHOM I AM COMPLAINING. <input type="checkbox"/> Yes <input type="checkbox"/> No								
DATE REFERRED TO THE BOARD OF DIRECTORS:								
DISPOSITION:								

IT IS UNDERSTOOD THAT THE ABOVE INFORMATION IS TO BE HELD IN THE STRICTEST CONFIDENCE.