

SaltAire Condominium Association
COMPLAINT / VIOLATION REPORT

Complainant Name: _____ Unit Number: _____

Date of Complaint / Violation: _____

Description of Incident / Violation:

Were any other members involved in or aware of the Incident / Violation?

What, if anything, did you do to try to resolve the situation?

Signature of Complainant: _____ Date: _____

Signature of Board Member: _____ Date: _____