

COMPLAINT REGISTRATION

PARTY BEING COMPLAINED ABOUT:

COMMUNITY NAME _____

NAME (IF KNOWN) _____

ADDRESS _____

DATE AND TIME PROBLEM OCCURRED _____

NATURE OF DECLARATION VIOLATION:

ADDITIONAL COMMENTS:

PLEASE INCLUDE ANY ADDITIONAL COMMENTS THAT WILL ASSIST US IN THE ENFORCEMENT OF THE ABOVE MENTIONED VIOLATION:

UNIT OWNER FILING COMPLAINT ~ While all complaints are kept confidential, please keep in mind that the party being complained about has a right to face their accuser in a court of law. At that time, the confidentiality of this form is null and void.

NAME _____

ADDRESS _____

WORK NUMBER _____ HOME NUMBER _____

SIGNATURE _____ DATE _____

EMAIL ADDRESS (OPT) _____

PLEASE REMIT THIS COMPLETED FORM TO : **REAL PROPERTY MANAGEMENT, INC.**
5550 BLAZER PARKWAY, SUITE 175
DUBLIN, OHIO 43017
OR
FAX: (614) 792-9174