

COMPLAINT FORM

If you should have a need to use this form, please fill out completely and return to

DRS Property Management at

550 High Street, Suite 106, Auburn CA 95603

Email to drs.property.management@gmail.com

Date: _____

COMPLAINANT INFORMATION (Association Member filing complaint)

Name: _____

Address: _____

Phone: _____

Have you talked to the defendant creating the concern/violation? If yes, what was the outcome?

DEFENDANT INFORMATION (Alleged Violator)

Name: _____

Address: _____

Phone: _____

How long has this been going on?

VIOLATION: The nature and date of the alleged violation, and a description of the factual basis of the complaint - Who • What • Where • When (date & time).

REGULATION: State the specific Rule and Regulation, CC&R, and/or By-law article(s) being violated.

WITNESS: Name, Address and Phone

SIGNATURE OF COMPLAINANT: _____



