Incident Date _____

CO-OWNER COMPLAINT FORM

All complaint forms can be sent directly to the Board of Directors: leisurelakedirectors@gmail.com or turned into Security at the Guard Shack.

TIME OF INCIDENT _____ LOCATION OF INCIDENT_____

INCIDENT DESCRIPTION:

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF CO-OWNER FILING REPORT: _____ DATE _____
LOT # _____

RECEIVED BY: _____ DATE _____

BOARD RESPONSE:

_____

_____

_____

_____

_____

SIGNATURE OF BOARD MEMBER: _____ DATE _____

ACTION TAKEN:

_____

_____

_____

_____

_____

SIGNATURE OF OFFICE: _____ DATE _____