

Banana Bay Grievance Form

Send completed form by email, mail, text or hand deliver to:

Clover Key, Inc
Community Association Management
110 Imperial St.
Merritt Island, FL 32952
Office: 321-735-7624 Cell: 321-501-1523
Email: Office@cloverkeyinc.com

Your Name _____ Your Unit Number: _____ Phone: _____

Please provide information, if you do not know please write "DNK" (Do Not Know) If additional space is needed, please add page

Alleged Offender's Name: _____

Unit Number of Offender, or General Area, or Building _____

Is Offender a Renter? _____ Is this the First Complaint in Writing: _____

Nature of Grievance: _____

Have you discussed this complaint with the offender? _____

If yes, what was the reaction? _____

Neighbors who can verify this grievance, if requested:

Name: _____ Unit Number: _____ Phone: _____

Your Signature:

signature

Date

Board Member Who Verified Grievance: _____

Signature: _____

Date: _____