

HEARTHSTONE RESIDENT COMPLAINT FORM

Date filed: _____

Unit Owner being complained about: _____

Address: _____

Date and Time issue occurred: _____

VIOLATION OF WHAT RULE IN THE DECLARATION OR HANDBOOK:

Please explain the issue/problem: _____

What have you done to resolve this problem? _____

What is your recommendation for a solution? _____

UNIT OWNER FILING COMPLAINT: (Must be filled out and signed)

Name: _____ Date: _____

Address: _____

Phone (H): _____ (C) _____

Signature: _____

Please remit to: Patterson Merkle Management, LLC
4900 Reed Rd., Ste 230
Columbus, OH 43220
Questions (614) 235-1187 Fax (614)459-8851