



Country Meadows

COMPLAINT FORM

DATE: _____

NATURE OF
COMPLAINT: _____

NAME: _____ UNIT # _____
PHONE # _____ EMAIL: _____

IF YOU WISH TO STAY ANONYMOUS, DO NOT FILL OUT THE ABOVE
INFORMATION.

PLEASE REMEMBER IT DOES TAKE TIME TO RECTIFY ISSUES - THEY DO
NOT CLEAN UP OVER NIGHT.

THANK YOU

OFFICE USE ONLY:

DATE RECEIVED IN OFFICE: _____ BY: _____

HOW WAS IT DEALT WITH: _____