



850 Decatur Avenue North, Suite 2A
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Association Grievance Form

Property Name: _____

Your Property Address: _____

Violator's Party Address: _____

Have you discussed your complaint with the person you are filing this grievance about?
YES _____ NO _____ this is your first course of action to resolve the situation.

Violation that Occurred: _____

Rule Section: _____

Summary of the problem:

Signature Required _____

Contact Email: _____

Contact Phone: _____

Remit to:
850 Decatur Ave N., Suite 2A, Golden Valley MN 55427
Email – info@actmanagementinc.com
Fax – 763.496.1145