



SCPOA MEMBER COMPLAINT FORM

Tracking # C- _____
(For office use only)

Use this form to notify the SCPOA Board of Directors if you believe there is a violation of the SCPOA DCRs that requires correction.

Complete all sections of the form – incomplete forms will not be accepted by the Board.

All member information shall be held strictly confidential by the SCPOA Board of Directors.

Complainant information: (Items marked by * are required.)

*Name _____ *Property: Unit # _____ , Lot # _____ or

*Complainant's Swansboro property Address: _____

*Mailing address if different from above _____

*Phone: _____ Email: _____

Best method to contact you:

*Check all that apply: Phone , _____ Email , _____ Mail _____

*Do you want to be notified of the status of the complaint investigation? Yes No

*Location of Alleged Violation:

Unit # _____ Lot # _____ or

Physical Address: (if known) _____

*Alleged Violation

*Date: _____ * Complainant's signature _____

(If this form is sent electronically you affirm that any electronic signature is yours and used with your consent.)

Please email your form to sue.sherman@managementtrust.com, or simply mail to: Swansboro, c/o The Management Trust, PO Box 1459, Folsom, CA 95763-1459. To e-mail this form complete it, save, and attach to your e-mail or copy and paste the form, beginning below the logo, and paste into your e-mail. Type 'Swansboro Complaint' in the subject line.