

**KOVE ESTATES  
GRIEVANCE / SUGGESTION FORM**

**DATE:** \_\_\_\_\_ **MEMBER NAME:** \_\_\_\_\_

**MEMBER ADDRESS:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**STATEMENT OF GRIEVANCE OR SUGGESTION:** (to be completed by Member)

\_\_\_\_\_  
*If more space is needed, please use reverse side.*

**MEMBER SIGNATURE:** \_\_\_\_\_

**To be completed by Grievance and Suggestion Committee**

**RESPONSE/RESOLUTION:** (within a week of date form is presented)

\_\_\_\_\_  
**Committee Chairperson signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Board Representative signature**

\_\_\_\_\_  
**Date**