

Grievance #: \_\_\_\_\_

**KOVE ESTATES  
GRIEVANCE / SUGGESTION FORM**

**DATE:** \_\_\_\_\_

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

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

**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)

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**Committee Chairperson signature**

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**Date**

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**Board Representative signature**

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**Date**

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**Member signature**

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**Date Received**