

Four Seasons Park Community Homeowners Association

Homeowner Complaint Form

Date: _____

NOTE: Complainant may remain anonymous. Write anonymous below if desired.

Name of Complainant: _____

Address of Complainant: _____

Telephone Number/s: _____

Email Address: _____

Nature of Complaint:

☐ **Noise**

☐ **Altercation**

☐ **Others:**

(Please specify)

☐ **Bad Behavior**

☐ **Encroachment**

☐ **Smoking**

☐ **Accident**

Please provide a summary of the alleged violation/complaint. Include all pertinent details.

Received By: _____

TO BE FILLED UP BY THE BOARD ONLY

Board Member Handling Complaint: _____

Additional Board Members Involved: _____

Action/s Taken:

Resolution:

Date Resolved: _____

Board Member Name & Signature

Board Member Name & Signature