

Timberwood Trails Homeowners Association

Homeowner Complaint Form

Date: _____

Name of Complainant: _____

Address of Complainant: _____

Telephone Number/s: _____

Email Address: _____

**Please fill up all details. Your name will not be disclosed.*

Nature of Complaint:

Noise

Altercation

Others:

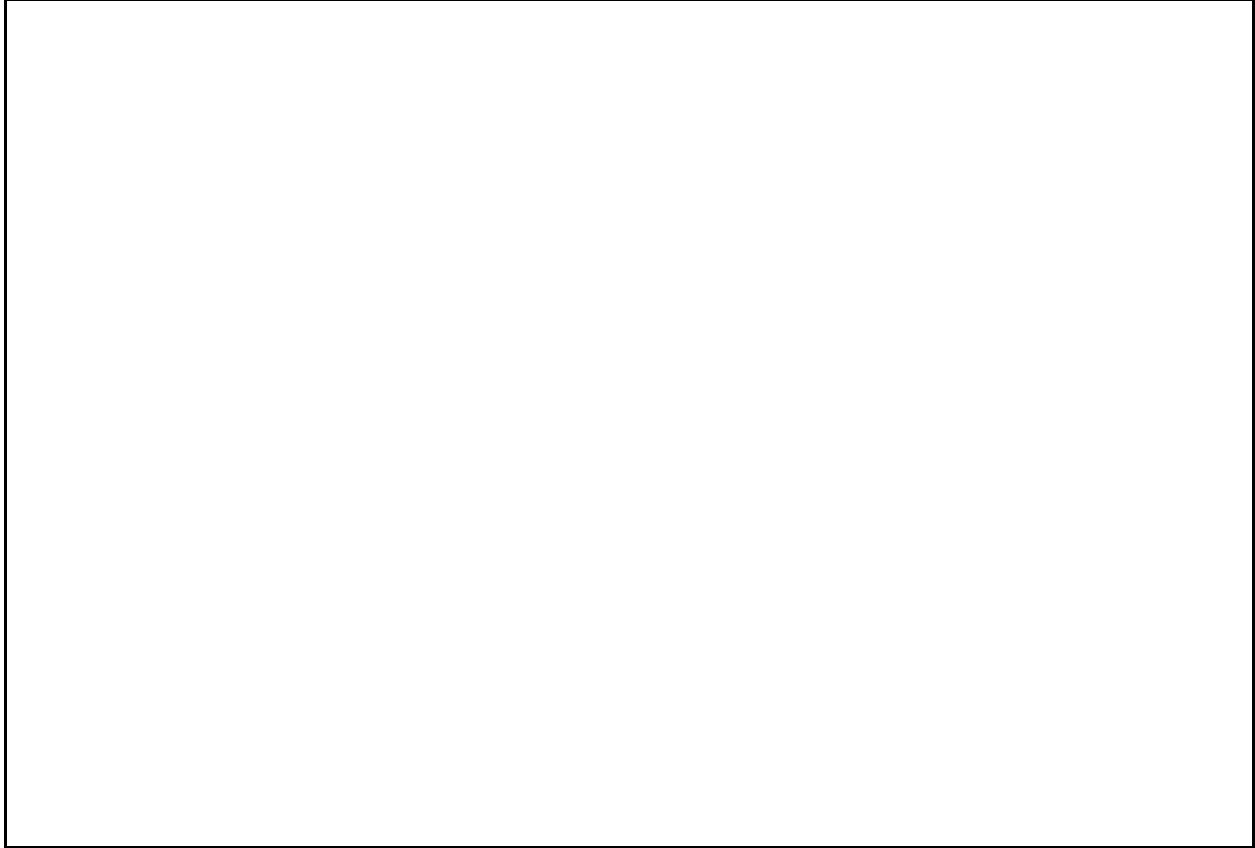
(Please specify)

Bad Behavior

Encroachment

Accident

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



Homeowner/s Involved in Complaint:

Name: _____

Address: _____

Complainant Signature

Received By: _____

TO BE FILLED 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