

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Location of Concern \_\_\_\_\_

\_\_\_\_\_

**CONCERN/COMPLAINT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Possible Suggested Remedy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signed:

Action Taken by Association Manager \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signed:

Date: \_\_\_\_\_