UNIVERSITY MEADOWS HOA

COMPLAINT FORM

First and Last Name of person who observed the violation:

Unit number or address of person who observed the violation:

Unit address of the property allegedly in violation of the Association's governing documents:

Date(s) the violation occurred:

Nature of the violation:

Written description AND ALL DATES of evidence being submitted (i.e. photo/video/audio):

In order to submit a complaint form, Arizona State Statute requires you to provide your full name (A.R.S. 33-1803 (D)(3)). This form, along with any evidence you provide, is subject to formal record requests (A.R.S. 33-1805). In order to resolve your complaint, **you understand and agree that we may share evidence from this form with the accused party**.

Printed name of observer_____

Signature of observer: _____ Date: _____

cc: Owner file

REV 07.2025