

# THE VILLAGE AT UNIVERSITY HEIGHTS OA

## COMPLAINT FORM

First and last name of person(s) who observed the alleged violation:

Unit number or address of person who observed the alleged violation:

Unit number and/or person allegedly in violation of the Association's governing documents (if known):

Date(s) the alleged violation occurred or was observed:

Nature of the alleged violation:

Are you sending supporting evidence along with this form?

No Yes Evidence: \_\_\_\_\_

The person complaining of the alleged violation must state their first and last name. Per Arizona statutes, no violation notice may be sent based upon an anonymous report. By signing this form you acknowledge that upon a proper written request from the person receiving the violation notice, your name could be released.

Signature of Observer: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Unit Owner file

REV 6/2022