

SHADOW MOUNTAIN VILLAGE CA

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 11/2022