

Indian Oaks Homeowner's Association

Homeowner Complaint Form

Date: _____

Name of Complainant: _____

Address of Complainant: _____

Telephone Number(s): _____

Email Address: _____

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

Nature of Complaint:

□ Noise

☐ Parking

☐ **Other:**

(Please specify)

☐ **Dog barking/off leash**☐ **Common Area Violation**

☐ Architectural Violation

☐ **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 OUT 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

