**Creekside Meadows HOA Liberty Township**

**RESIDENT COMPLAINT FORM**

TO: BOARD OF TRUSTEES (*Please Note: Anonymous complaints will not be processed)*

FROM:

ADDRESS:

PHONE #: ( ) DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS:

BEST TIME TO CONTACT YOU IN PERSON: 🖵 Morning 🖵 Lunch 🖵 Afternoon 🖵 Early Evening

**NATURE OF COMPLAINT:**

**COVENTANTS SECTION(s) VIOLATED** (Please be specific):

*(When listing, please include page numbers and section reference for clarity, see HOA website for the most updated copy)*

**LIST ALL PARTIES INVOLVED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Street # | Full Street Name | Have you addressed complaint with this person? | Please share how issue was address (Date, Outcome, or Why not addressed?) |
|  |  |  | 🖵Yes or 🖵No |  |
|  |  |  | 🖵Yes or 🖵No |  |
|  |  |  | 🖵Yes or 🖵No |  |

*(Use attachment if additional space is needed)*

**ACTION REQUESTED TO RESOLVE COMPLAINT:**

* If legal remedies are required in this matter, would you be willing to testify in court? 🖵 Yes or 🖵 No
* If legal remedies are required in this matter, would you be willing to pay court costs to resolve issue? 🖵 Yes or 🖵 No

*This section for Board use only:*

The following information to be supplied by the Board of Trustees:

Date Received: By:

Action Taken:

Action Date: Signature: