

COMPLAINT FORM

YOUR NAME _____

YOUR ADDRESS _____ BAKER DRIVE. YOUR PHONE # _____

COMPLAINT AGAINST:

NAME: _____ . ADDRESS: _____ BAKER DRIVE.

NATURE OF COMPLAINT: _____

FREQUENCY OF OFFENSE: _____

DATE OF OFFENSE: _____

WHAT HAVE YOU DONE TO ATTEMPT TO SOLVE THE PROBLEM?

TALKED TO THE NEIGHBOR YES _____ NO _____

CONTACTED COOP OFFICE YES _____ NO _____

CONTACTED MAINT. DEPT YES _____ NO _____

CONTACTED BOARD OF DIR. YES _____ NO _____

CONTACTED POLICE YES _____ NO _____

CONTACTED MANAGING AGENTS OFFICE YES _____ NO _____

IF YES TO ANY OF THE ABOVE, WHAT WERE THE RESULTS: _____

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE BOARD OF DIRECTORS TO KNOW REGARDING THIS PROBLEM? _____

SIGNATURE

DATE

DATE RECEIVED: _____ ACTION TAKEN: _____