



Name and address of persons that are the subject of this complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why any of the requested information was not provided, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be advised, the Association may elect not to take action on any complaint which does not conform to the above referenced delivery requirements or include the requested information on this form.

Upon receipt of your complete, written complaint, The Association will begin investigation of your complaint. The Association will maintain a record of your complaint for one year from the date upon which it takes action to resolve your complaint.

You must date and sign the form. Anonymous complaints will not be accepted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by Association representative only

Received by: \_\_\_\_\_

Date: \_\_\_\_\_