
PARK VILLAS NORTH CONDOMINIUM ASSOCIATION, INC.

COMPLAINT FORM

THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE HELD IN STRICT CONFIDENCE.

Please provide as much information as you can about the circumstances and the nature of the complaint, you may attach additional pages to this form as needed.

Your Name: _____ Unit # _____ Date: _____

Phone No. where you can be reached: _____ Best time to call: _____

What is your complaint about (check one or more of the following that apply)?

This complaint is against the residents in Building # _____ Unit # _____

- Residents Children Animals Guests Vehicles
 Landscaping Common Areas Amenities Safety Security Other

Have you submitted a complaint about the same thing(s) before? Yes No

Did you receive a written response? Yes No When: _____

Describe your complaint: _____

Describe any suggestions or solutions that you think may be appropriate. _____

Have you spoken to this person about this problem before? When? What did they say? _____

Signature: _____
Signature is required.

MANAGEMENT RESPONSE

To: _____ Unit # _____ Date: _____

The above complaint was/was not acted upon as follows: _____

Signature: _____